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ABSTRACT

A study identified the factors that influenced the job satisfaction of nurse educators involved in a change to a collaborative baccalaureate nursing program in the province of Manitoba, Canada. The total population of nurse educators from both hospital-based and university-based institutions (n=42) was surveyed. Data were collected using an investigator-designed questionnaire and the Work Environment Scale. Descriptive statistics were used to present the characteristics and associations; independent t-tests measured the differences between group means. Educators in the collaborative baccalaureate nursing program in Manitoba had a positive perception of the organizational climate and identified an increased level of job satisfaction. Respondents expressed concerns about equity between groups in relation to workload, employment benefits, role expectations, and power in decision making. Hospital-based faculty stressed job security, and university-based faculty emphasized a desire for improved peer relationships and supportive leadership. Improving communication mechanisms was identified as a way to expedite joint planning, foster understanding and respect, and enhance perceptions of equity. Recommendations based on the results were made for nursing leaders, political and postsecondary leaders, and health and education researchers. (Appendixes include 126 references, instruments, and correspondence.) (YLB)

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ED 374 338

JOB SATISFACTION OF NURSE EDUCATORS IN A COLLABORATIVE BACCALAUREATE NURSING PROGRAM IN WESTERN CANADA

BY

Beverley Berry, B.SC.N.

A Thesis
Submitted to the Faculty of Graduate Studies
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for the Degree of

MASTER OF EDUCATION

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Job Satisfaction of Nurse Educators in a Collaborative
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submitted by Beverley Berry

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ABSTRACT

Collaborative baccalaureate nursing programs have been developed, nationally and internationally, to address the need for the advanced preparation of nurses. The purpose of this study was to identify those issues which influence the job satisfaction of nurse educators involved in a change to a collaborative baccalaureate nursing program in the province of Manitoba, Canada.

The total population of nurse educators, from both the hospital-based and the university-based institutions, was surveyed. Data were collected using an investigator-designed questionnaire and the Work Environment Scale (Moos and Associates, 1974). Descriptive statistics were used to present the characteristics and associations, and independent t-tests measured the differences between group means.

Educators in the collaborative baccalaureate nursing program in Manitoba had a positive perception of the organizational climate and identified an increased level of job satisfaction. Respondents expressed concerns about equity between groups in relation to workload, employment benefits, role expectations and power in decision-making. The unique concerns for specific sectors were job security for the hospital-based faculty and a desire for improved peer relationships and supportive leadership for the university-based faculty. Improving communication mechanisms was identified as a way to expedite joint planning, foster understanding and respect, and enhance perceptions of equity.

Although the study did not provide knowledge about the causality of the relationship between these issues and the job satisfaction of nurse educators, associations emerged which may imply a correlation between job satisfaction and perceptions of the organizational climate. Satisfied nurse educators will be critical to the process of educational advancement and the professional development of nurses beyond the year 2000. Based on the results of this study, recommendations are made for nursing leaders, political and post-secondary leaders, and health and education researchers.

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CHAPTER ONE

Introduction

The global health care system is in a state of change and reform, primarily because of society's inability to afford the current expensive illness-based health care system. A rapidly aging population, increased acuity of patient illness, increased stress-related disorders, demands from consumers to participate in health care decisions, and the influence of smoking, alcohol, and diet have had a major impact on the health care system, and on health care providers (Rovers & Bajnok, 1988). Consequently, nursing education must respond to these changes by educating practitioners for the expanded role of caring for the individual, the family, and the community in the maintenance, restoration, and promotion of health and the prevention of illness.

This impetus for change in the health care system began in 1978 when the World Health Organization (WHO) and the United Nations International Childrens' Emergency Fund (UNICEF) sponsored an international conference which initiated the changing focus of health care in society. The conference, "Health For All By The Year 2000" (Canadian Nurses Association, 1988), introduced the concept of primary health care. This concept was defined as essential health care made accessible to all, through full participation, and at an affordable cost. In 1978, the International Council of Nurses (ICN) supported the primary health concept, and generated the impetus for a new public health movement around the world (Innes, 1987; Krebs, 1983).

The issue of universal health care was presented to the Canadian public by the Honourable Jake Epp, former Minister of Health and Welfare, in the Canadian Government Strategy Document, "Achieving Health For All: A Framework for Health Promotion" (1986). This framework focused on self-care which supports nursing's goal of helping people to become increasingly responsible for their own health (Innes, 1987; Krebs, 1983). The Canadian Nurses Association (CNA) endorsed this focus for health care and, in 1989, the board of the CNA approved a five year plan aimed at implementing the vision of primary health care in Canada. Consequently, the futuristic vision for the role of the nurse is one of direct care provider, educator of health personnel and the public, manager of primary health care services, and researcher and evaluator of health care (Canadian Nurses Association, 1982).

In order to meet the changing health needs of society, nurses must maintain their present role which encompasses caring for the ill and disabled, being able to diagnose community health problems, implementing measures to protect and monitor the health of populations, and teaching people to care for themselves (Krebs, 1983). Crowe (1990) observed that "health education, self-care, and non-medical intervention at the primary level clear the only path to health for all by the year 2000, and health for all by the year 2000 is going to at least begin, if not end, with the nurse" (p.240).

If nurses are to meet the health care challenges of the 21st century, a re-organization of nursing education and the development of innovative nursing education programs are needed (Rovers & Bajnok, 1988). Nurse educators can no longer perpetuate the current system of education. Changes must be made if the nurses of the future are going to develop reflective, critical thinking and communication skills, be adaptable to change, become life long learners, and have a balanced exposure to liberal and professional ideas (Canadian Nurses Association, 1982; Kerr, 1991; Manitoba Association of Registered Nurses, 1984). Consequently, the nursing profession proposed baccalaureate preparation as the entry requirement for practice by the year 2000.

The ultimate responsibility for the preparation of nurses for the future rests on both the nursing profession and the educational system (Barrett & Goldenberg, 1988). The nursing profession's response to changes in the health status of Canadians, health care delivery systems, and the nature of nursing practice has involved nurse educators in changes in nursing education. The education system must be restructured to prepare nurses for changing health care issues of the future (Rovers & Bajnok, 1988). This restructuring will involve the collaboration of hospital-based schools of nursing and community colleges with university-based schools or departments of nursing, in order to establish generic baccalaureate nursing programs. Changing the basic nature of the current nursing education programs will pose many challenges for the nursing profession, nurse educators and administrators.

According to Moloney (1992), problems in the delivery of nursing education had their basis in the difficulty the nursing profession has had in differentiating between technical and professional practice (p.140). Nurses acquire their initial credentials either at hospital diploma schools, community colleges, or at universities. Graduates are awarded either a certificate, a diploma, or a degree in one of three categories: certified nursing assistant (CNA) or licensed practical nurse (LPN), registered nurse (RN), or registered psychiatric nurse (in Western Canada) (RPN). This complex mixture of programming has created divisiveness and confusion for the nursing profession and the general public. In addition, advances in science and technology have created problems in the design and delivery of the educational curriculum. The basic diploma nursing program can no longer offer curricula that meet the depth and breadth of the theoretical content and clinical practice experience required for safe and effective practice (Kerr, 1991). Therefore, collaboration between diploma and degree programs in the preparation of baccalaureate-level practitioners has been proposed, by the nursing profession, as a solution to this educational crisis (Andrews & Innes, 1989; Manitoba Association of Registered Nurses, 1987; Hofley, Labun, & Lee, 1990; University of British Columbia, 1989; and University of Manitoba & Health Sciences Centre, 1989).

Statement of the Problem

Nurse educators will be at the "heart" of a collaborative process. The structures and processes of instruction at university, community college, and diploma-based programs are likely to sustain extensive change as a result of the proposed collaborative ventures in nursing education. Many educators will feel threatened by the possibility of change in the traditional system as it may mean a loss of identity and uncertainty about the future (Kerr, 1991). Issues regarding adequate educational preparation of faculty will create added stress and tension. In addition, the integration of two organizational climates and cultures may pose problems in regard to job satisfaction.

Literature from organizational mergers identified that the management of human resources was frequently overlooked as managers get "caught up" in tasks associated with the merger (Kooi, White, & Smith, 1988; Peterson & Fisher, 1991). Maintaining employee morale could be an essential factor in the success of a merger. Peterson and Fisher's (1991) discussion of Mark's 12 year study on "merger-syndrome" identified the human response toward mergers as a complex combination of stress, culture change, and feelings of loss (p.42). When fear over the loss of a job or other anticipated changes in the work role occurs, employees may find change unsettling and attempt to resist it. Resistance to a change process can be reduced when persons involved are made aware of the issues, urged to assist in defining the problems, encouraged to develop intervention strategies, and involved in evaluating the effectiveness of the organizational change (Kooi, et al., 1988; Peterson & Fisher, 1991).

When reflecting upon the importance of nurse educators in the success of the collaborative baccalaureate nursing (BN) programs, the identification of those issues which influence the job satisfaction of nurse educators involved in the change may be significant. Researchers have identified evidence of a linkage between satisfaction with the job and employee productivity, commitment to the goals of the organization, retention, and health (Christian, 1986; Kennerly, 1989; Lamborn, 1991). Kennerly (1989) suggests that "leadership behaviours and job satisfaction are recognized by the corporate world as fundamental elements influencing the overall effectiveness of an organization" (p.198). Johnson (1987) contradicts these findings when he suggests that no causal or even direct link between job satisfaction and performance can be established. Nevertheless, attention to job satisfaction of employees can be justified on "quality of life" grounds by regarding job satisfaction as "an end in itself, since happiness, is the goal of life" (Johnson, 1987, p.44).

Purpose of the Study

This study was conducted with faculty members involved in an inter-institutional/inter-program merger of a university and a hospital-based faculty/school of nursing in the province of Manitoba, in western Canada. Initial program collaboration between the institutions resulted in a consolidated partnership after a period of three years. The purpose of the study was to identify issues that influenced the job satisfaction of nurse educators involved in the collaborative/consolidated BN program. Research results were used to determine if issues that support job satisfaction for nurse educators from the Health Sciences Centre (HSC) school differ from issues that support job satisfaction for nurse educators at the University of Manitoba (U of M). Literature relating to job satisfaction of nurses and the factors that influence working conditions for nurse educators was reviewed in the context of the research questions.

The study will be important for nurse educators and the profession of nursing. Determining those issues which influence the development of a positive organizational climate and contribute to job satisfaction or dissatisfaction for nurse educators involved in collaborative nursing programs in Manitoba is essential to the overall success of the collaborative ventures. The success of the initial collaborative nursing programs will affect the future of additional collaborative ventures, and also will influence the overall preparation of the future nursing profession. Furthermore, the results of this study could assist leaders of collaborative nursing programs to incorporate planned change that enhances successful transition from traditional to collaborative models of nursing education for nurse educators. This descriptive study also will provide the basis for further research in this area.

Research Questions

The questions for this study were:

1. Do differences exist between the hospital-based nursing faculty and the university-based faculty in relation to the issues influencing the job satisfaction of members of each group?

2. What recommendations would nurse educators, involved in a change to a collaborative baccalaureate nursing program, make to enhance their job satisfaction?

Definition of Terms

The following terms are defined in alphabetical order.

Baccalaureate Nurse (BN): a person who has achieved a baccalaureate degree in nursing from a university-based program. To practise nursing actively, this person must write licensure examinations in Canada and become a registered nurse.

Change: "The design and construction of new patterns, or the re conceptualization of old ones, to make new and hopefully more productive actions possible" (Barker, 1990, p.61).

Collaboration: "The process by which nurse educators and others in universities, community colleges, diploma schools of nursing, and service agencies jointly develop, implement and evaluate educational programs, methods, and models" (Manitoba Association of Registered Nurses, 1987). For the purpose of this study the terms collaborative and consolidated are used interchangeably.

Collaborative Baccalaureate Nursing Programs: New nursing education degree programs developed via collaboration between existing diploma and degree programs.

Diploma-Granting Nursing Programs: Current nursing education programs offered in community colleges and schools of nursing in Canada, awarding a diploma as the entry requirement to practise nursing.

Extrinsic Factors: "The components not inherent to work and including salary, fringe benefits, administrative features, collegial associations and working conditions" (Hill, 1986-1987, p.38).

Intrinsic Factors: "The components essential to work including teaching, scholarly achievement, advancement, and creativity" (Hill, 1986-1987, p.38).

Generic Baccalaureate Program: A basic nursing degree program from which students obtain their initial qualification to practise nursing.

Job Satisfaction: "The fulfillment an individual acquires from experiencing various job activities and rewards" (Donohue, 1986, p.374).

Norms: "The general role expectations for all individuals in a system or subsystem" (Katz & Kahn, 1978, p.43).

Nurse Educators/Nursing Faculty: The terms used to describe professional nurses teaching at universities, and at diploma-based schools of nursing. For the purpose of this study, no distinction is made between educators with faculty status and those without faculty status.

Organizational Climate: "An employee's subjective impressions or perceptions of the organization" (Lawler, Hall, & Oldham, 1974, p.139).

Organizational Culture: "A pattern of basic assumptions invented, discovered, or developed by a given group as it learns to cope with its problems of external adaptation and internal integration, that has worked well enough to be considered valid and therefore to be taught to new members as the correct way to perceive, think, and feel in relation to these problems" (Schein, 1985, p.9).

Registered Nurse (RN): a person who has completed an approved academic nursing program and has successfully passed the registration exams. This person has active practising status with a provincial nursing association.

Roles: "The specific forms of behaviours associated with given positions that have developed originally from task requirements" (Katz & Kahn, 1978, p.43).

Socialization: "The acquisition or transmission of values, attitudes, morals, knowledge and skills" (Mauksch, 1982).

Training: The instruction and practice that will produce a desired standard of efficiency in an individual.

Transformational Change: "A deliberate change made to the existing structure to create something new" (Barker, 1990, p.62).

Values: "The more generalized justifications for roles and norms, which express the aspirations that allegedly inform the required activities" (Katz & Kahn, 1978, p.43).

Summary

The change to collaborative nursing programs will have a significant impact on nurse educators. The success of the collaborative programs will be dependent upon the abilities, motivations, and commitment of the educators involved. Studies involving nurse educators in Canada have been limited, and no studies have been reported using nurse educators involved in a collaborative program. The identification of factors which influence the job satisfaction of nurse educators involved in a collaborative program will provide information that may enable nursing leaders to expedite and enhance the success of planned change for future collaborative programs.

CHAPTER TWO

Review of the Literature

This chapter includes a review of the literature regarding nursing programs and collaborative BN programs in Canada. A review of the theoretical literature was undertaken in order to develop an appropriate conceptual framework. The concepts of organizational change, climate and culture, and their relationship to the job satisfaction of nurse educators are discussed.

Nursing Programs in Canada

The nursing profession is involved in transformational change in both the delivery of nursing education and the practice of nursing. This change in nursing education is one in which the structure and method of delivering the curriculum will be deliberately transformed into something new. The changes will have implications for everyone involved in nursing education.

The history and overall institutional context in which RN/BN education exists in Canada is relevant when discussing changes in program delivery. Nursing education began in Canada in 1874, for the purpose of providing charitable nursing service. The programs were based on the apprenticeship training model, and the students were used to staff the hospitals. This system resulted in education receiving lower priority than service and the exploitation of student nurses (Rovers & Bajnok, 1988). Crowe (1990) identified the concept of self-sacrifice that nursing has promoted, and stated that this is the key to understanding the current crisis in both nursing and nursing education. The nursing profession has addressed the issue of nursing service versus nursing education through varying processes.

The Canadian Nurses Association (CNA) initially addressed the nursing service versus education concern through a survey on nursing education, conducted by G. Weir in 1932. This report heralded the first recommendation to prepare nurses with a liberal, as well as technical, component to their education (Rovers & Bajnok, 1988). Following more than a half century of debate and effort on the part of the professional nurses' associations, many of the basic controversies and issues in the educational preparation of nurses remain unresolved. Governments, educational institutions, and nurse educators continue to be immersed in a debate over the value of higher education for nurses versus the costs associated with education and practice. Currently, two forms of nursing education lead to eligibility for registration: diploma programs and baccalaureate programs. Within these programs, nursing education remains divided among three tiers: hospital schools, community colleges, and universities (Rovers & Bajnok, 1988).

Registered nurse diploma programs are offered in many community colleges and schools of nursing in Canada. The length of these programs ranges from 20 to 36 months (Rovers & Bajnok, 1988) and the curricula emphasize care for the ill patient. Nurse educators teaching in these programs are socialized toward a training, as opposed to an educational, philosophy, with their role limited to information provider and supervisor of nursing practice (Bevis & Krulik, 1991). Cohen (1992) stated that nurse educators can be justifiably proud of their record in preparing nurses to enter the work force as professional nurses. This pride is expressed in terms of the number of students passing the licensing exams (p.113). Both the nursing profession and educators have claimed that, although passing licensing examinations provides evidence of a certain level of efficiency, licensure does not provide assurance that the graduating nurse will have all of the essential qualities of the professional nurse (Cohen, 1992). Consequently, the baccalaureate nursing degree is the preferred educational requirement for registered nurses.

Canada currently has 22 generic baccalaureate nursing programs, and as many post-RN baccalaureate programs (Bajnok, 1992; Lamothe, Redman, & Amos, 1987). "The BN program expands the care focus to include illness and wellness, while simultaneously extending the client focus to include the community" (Gray, 1990, p.187). Nursing faculty employed in these baccalaureate nursing education programs are expected to fulfill the multidimensional roles of teacher, clinician, and researcher, as well as to participate in accomplishing the universities' mission of professional and community service (Davis, Dearman, Schwab, & Kitchens, 1992; Mobily, 1991). Mobily (1991) also suggests that:

> Within these parameters are further expectations that they keep abreast of current knowledge and developments within their field, take part in student development and advisement, assume administrative roles, and be active in professional organizations (p.73).

The baccalaureate educator's role is one of learning facilitator. The faculty are socialized to value creative, self-reliant thinking, and to encourage the development of independent skilled care-givers in a complex technological world (Bevis & Krulik, 1991). The conflicting roles of nurse trainer and nurse educator, for faculty in diploma and baccalaureate nursing programs, have created difficulties for nurse educators in obtaining a legitimate place in the university setting (Barrett, Goldenberg, & Faux, 1992).

Nursing faculty are relatively new to academe. In the period following World War II, nursing education made a slow progression into universities, and it has struggled to establish, develop, and maintain its credibility in the academic system (Grigsby, 1991). As a result, nursing faculty were perceived by some to be isolated from the community of scholars (Cavenar, Dill, & Bethune, 1987;

Janoscrat & Noll, 1989; Juhl, 1985; and Mauksch, 1982). Successive educational developments, over time, in nursing education took place within a context of apprenticeship training.

Moloney (1992) made the observation that "no other profession prepares its practitioners with the confused mixture of programs that presently describes nursing's educational system" (p.94). If nurses are to meet society's future health needs by the year 2000, a reorganization of nursing education and the development of innovative baccalaureate education programs are needed (Andrews & Innes, 1989; Canadian Nurses Association, 1982; Hofley et al., 1990; Kerr, 1991, Manitoba Association of Registered Nurses, 1984; Rovers & Bajnok, 1988; University of Alberta and Grant MacEwan Community College, 1989; University of British Columbia, 1989; and University of Manitoba and Health Sciences Centre, 1989). Furthermore, a high standard of education is required for all entrants into nursing practice, in order to achieve status in health care delivery equal to other health care professionals (Sullivan, Lee, Warnick, Green, Lind, Smith, & Underwood, 1987).

External developments in the changing delivery of health care are compelling the nursing profession to turn away from the apprenticeship model of education. Consequently, nursing is moving toward a broad-based liberal education and the development of collaborative models of baccalaureate nursing education programs.

Collaborative Nursing Programs

The Canadian government commissioned a study in 1964 which was conducted by the Honourable Emmett Hall. The final report included recommendations for a universal health care program and for "graduates of university schools of nursing... constituting one-quarter of the total employed nurse force" (Baumgart, 1988, p.2). Since that time, a number of federal and provincial task forces on health have indicated the need for an increased number of baccalaureate prepared nurses (Government of Canada, 1978; Hall, 1980; Province of Manitoba, 1966; Province of Manitoba, 1977; and Province of Manitoba, 1985). The need for advanced preparation of nurses has been emphasized by a shift in the values placed on health and health care services. A change in focus from illness to health promotion has prompted the government to evaluate the Canadian health care system and to make recommendations based on the present and future health needs of society (Moccia, 1992; National Health and Welfare, 1986; Rovers and Bajnok, 1988).

The nursing profession has responded to these challenges in health care trends by identifying that nurses must be able to function in new and innovative ways in a variety of new and traditional settings (Canadian Nurses

Association, 1988). "With the explosion of knowledge and technological advances occurring at a record pace, nurse educators can no longer perpetuate the current system of education" (Hofley et al., 1990, p.10). The nurses of tomorrow must develop reflective, critical thinking and effective communication skills (Andrews & Innes, 1989; Bevis, 1989; Manitoba Education and Training, 1990; Moloney, 1992; Rovers & Bajnok, 1988; Statistics Canada, 1988; and Witt, 1992). According to Bajnok (1992), the nurses of the future must become more "liberally educated professionals" (p.405). Bevis (1989) provided support for this statement when she suggested that education, as opposed to training, will provide nursing graduates who are "independent, self-directed, self-motivated and life-long learners with questioning minds" (p.81).

In 1978, the American Association of Registered Nurses advocated baccalaureate preparation as the entry requirement for practice in the nursing profession. Canada followed closely behind its American counterpart when the Canadian Nurses Association (CNA) published Entry to practice of nursing: A background paper (1982) and adopted similar standards for nurses. As of 1990, all provinces have declared their intent regarding future roles for nursing education (Canadian Nurses Association, 1982; Kerr, 1991; Rovers & Bajnok, 1988).

The provincial nursing associations arrived at a unity of purpose on collaborative BN education but they did so through varying processes. The difficulties confronting the provincial nursing associations were unique and challenging.

The first university and diploma school to offer a collaborative BN degree program in Canada were the University of British Columbia and Vancouver General Hospital. Students were admitted to the program in September of 1989 (Canadian Nurses Association, Dec., 1991). Currently, the University of Victoria is collaborating with six community colleges in British Columbia, Camosun College, Malaspina College, Okanagan University College, the University College of the Cariboo, North Island College, and Vancouver Community College, to offer a generic baccalaureate nursing program (Canadian Nurses Association, Winter, 1992-1993; Canadian Nurses Association, Summer, 1993; Canadian Nurses Association, April, 1994). In addition, the University of Northern British Columbia and Trinity Western University plan to develop some type of collaborative BN program (Canadian Association of University Schools of Nursing, 1991; Canadian Nurses Association, Summer, 1993). Currently, all nursing programs in British Columbia are involved in collaboration (Canadian Nurses Association, Summer, 1993).

The Alberta Association of Registered Nurses had the distinction of being the first nurses' association to call for a university-based education system for nurses. As a result of this support, the development of collaborative BN programs has progressed satisfactorily in Alberta. The University of Alberta has collaborated with Red Deer College, University of Alberta Hospitals, Royal Alexandra Hospital, Grant MacEwan Community College and Misericordia Hospital. Mount Royal College and Foothills Provincial General Hospital have developed and implemented a collaborative BN program with the University of Calgary (Canadian Nurses Association, April, 1994). Athabaska University implemented a distance model of nursing education in order to enhance accessibility to baccalaureate education for registered nurses (Canadian Nurses Association, Sept., 1991; Canadian Association of University Schools of Nursing, Nov., 1991).

The provincial nursing association in Saskatchewan made slower progress than the other western provinces in the development of collaborative BN programs. Limited opportunities for the advanced preparation of faculty created problems in the development of new programs. The University of Saskatchewan has been negotiating with the Saskatchewan Institute of Applied Science and Technology, and its diploma programs at the Kelsey and Wascana campuses, to develop a four year collaborative BN program (Canadian Association of University Schools of Nursing, Nov., 1991; Canadian Nurses Association, June, 1992).

In Ontario, recommendations from the document Vision 2000 encouraged colleges to articulate with universities (Ministry of Colleges and Universities, 1990). However, movement toward collaboration has been difficult to assess in the central provinces. There are presently large numbers of community college nursing programs in Ontario, with many students enrolled; the universities have few nursing degree students (Canadian Nurses Association, April, 1994). As a result, movement toward collaborative BN programming in Ontario has been progressing slowly. However, in 1991/1992, a steering committee was formed to "co-ordinate initiatives among the nine university and 32 community college programs to interact with the Ministry of Colleges and Universities" (Canadian Nurses Association, Winter, 1992-1993, p.3). Two proposals for collaborative BN programs have received funding from the provincial ministries. Laurentian University has been designated the lead institution to develop collaborative strategies with the University of Western Ontario and Cambrian and Fanshaw colleges (Canadian Nurses Association, Winter, 1992-1993). Collaborative planning is currently underway to develop programs with Saint Lawrence College, Brockville and Cornwall, Loyalist College, Sir Sanford Fleming College and Queen's University. In addition, Algonquin College and La Cite Collegiale and the University of Ottawa are planning to pilot a joint program by 1995 (Canadian Nurses Association, April, 1994).

The province of Quebec, the North West Territories, and the Yukon are in unique situations. Three universities in Quebec, the University of Quebec at Hull, the University of Sherbrooke, and the University of Quebec at Rimouski, have developed proposals for new generic BN programs (Canadian Association of University Schools of Nursing, Nov., 1991). The North West Territories and the Yukon are totally dependent on other provinces for the education of nurses because they have neither the resources nor the population to support the development of independent nursing programs. The development of collaborative BN programs in Quebec, the North West Territories, and the Yukon is likely to remain unique in comparison to the other provinces.

The Atlantic regions of Canada have made progress with the movement toward development of collaborative BN programs. The University of New Brunswick and Moncton University are planning collaborative BN programs with the five diploma schools. The Premier of New Brunswick endorsed the call by the province's nurses to establish the baccalaureate degree by the year 2000. According to the CNA (Sept., 1991), this was the only province to have such a commonalty of purpose and objective on the part of the nursing profession and the government. Although Prince Edward Island was the last province in Canada to offer a baccalaureate education in nursing, it was the first province to offer the BN degree as the only route to nursing preparation. A new generic program at the University of Prince Edward Island began in September, 1992 (Canadian Nurses Association, March, 1992; Canadian Nurses Association, April, 1994). In January of 1993, Newfoundland's schools of nursing began working together to develop a single, province-wide nursing program (Canadian Nurses Association, Winter, 1992-1993; Canadian Nurses Association, April, 1994). The diploma schools will work in collaboration with Memorial University to create a generic BN program. Similarly, the three schools of nursing in Halifax, Nova Scotia, Victoria General Hospital, Camp Hill Medical Centre and Dalhousie University, will develop a new collaborative baccalaureate nursing program by 1995 (Canadian Nurses Association, Sept, 1992). In addition, St. Francis Xavier University and St. Martha's Regional Hospital have proposed implementation of a collaborative BN program by 1995 (Canadian Nurses Association, Fall, 1993).

Substantial progress has been made, in the majority of the provinces of Canada, toward the development of collaborative BN programs. Similarly, the provincial nursing association in Manitoba has recognized the need to move away from the two year diploma programs offered by the hospital-based schools, and to cooperate with provincial universities in the development of collaborative BN programs.

Nursing Programs in Manitoba

In March, 1987, the board of directors of the Manitoba Association of Registered Nurses (MARN) appointed a task force to recommend a plan for the collaboration of nursing education programs in Manitoba. Specifically, their mandate was to develop, for approval by MARN, a plan to "facilitate collaboration between degree and diploma nursing education programs prior to the year 2000" (Manitoba Association of Registered Nurses, 1987, p.1). This collaboration was deemed necessary due to the need to share scarce resources in times of fiscal constraint. According to Hofley et al. (1990), collaborative models would be developed as effective and cost-efficient alternatives which would deliver nursing education programs utilizing the existing human, physical and clinical resources (p.21).

Two approaches for the delivery of collaborative educational models were described in the MARN document. The first proposed model was a coordinated one in which universities and schools of nursing integrate components of current university and diploma nursing education programs. The second model, the cooperative model, described new nursing education programs jointly developed by universities, colleges, and health care agencies, using the existing human, physical, and financial resources (Manitoba Association of Registered Nurses, 1987).

Currently, the six diploma schools in Manitoba are proposing to consolidate into two BN programs via collaboration with the University of Manitoba and the University of Brandon. Each nursing program has operated independently and provided a different service to students. The hospitals and community college schools offered a two year program leading to a diploma which allowed students to seek nursing registration (RN). In contrast, the university offers a four year degree program, also leading to nursing registration.

The University of Manitoba and the Health Sciences Centre School of Nursing originally implemented the coordinated model of integration described by MARN (University of Manitoba and Health Sciences Centre, 1989). In this model, students are enrolled in one program, and the same courses are taught at the two separate institutions. In 1992, the St. Boniface School of Nursing joined the Health Sciences Centre School of Nursing and the University of Manitoba in the joint program. However, the depressed economic climate, and the decreased enrollment of students in the undergraduate collaborative BN program, resulted in a re-structuring of the original model of collaboration. The three programs involved in the joint venture have consolidated in order to maximize effective and efficient use of human and fiscal resources. This consolidated partnership between the two hospitals and the University of

Manitoba is envisaged as a single program, under the aegis of the university, with the two hospitals participating in a unified manner (Dr. J. Beaton, personal communication, April 29, 1994). Future collaborative endeavours remain tentative due to a combination of economic restraint and the uncertainty of government leaders regarding the need for baccalaureate education to practise the profession of nursing.

Despite the model chosen or the time of collaboration, nursing faculty involved in the collaborative BN program will be affected by the change in the delivery of nursing education. In addition, an uncertain economic climate, confusion surrounding the future direction of the profession, and the effects of curriculum changes on work will influence the job satisfaction of nurse educators involved in the collaborative BN programs. According to Barrett et al. (1992), given the declining enrollments in some schools of nursing, there is a need to improve the image of nursing (Christian 1986). Satisfied faculty might be able to do this. The future of nursing education is largely dependent on the quality of faculty (p.1010). Because nurse educators are responsible for preparing nurses and improving the quality of nursing care in the future, determining the degree of satisfaction or dissatisfaction they have with their jobs is crucial.

The following framework provides a conceptual basis for understanding the complex phenomenon of job satisfaction.

Conceptual Framework

Theoretical and conceptual frameworks for the study of job satisfaction, developed by Argyris (1962), Herzberg, Mausner, & Snyderman (1959), Maslow (1943), and Vroom (1964), were reviewed. According to Hale (1986), these theories, when used alone, appear to be too simplistic to explain the complex phenomenon of job satisfaction.

Herzberg, Mausner, & Snyderman's (1959) theory of motivation described intrinsic factors, such as the work, responsibilities, achievement, and advancement, as those factors causing job satisfaction. The extrinsic factors, such as company policy, administration, interpersonal relations, working conditions, and technical supervision can cause job dissatisfaction. Herzberg was criticized for basing his theory on results obtained from an unrepresentative sample, and research has failed to support this theory (Hackman, & Oldman, 1976; Hale, 1986; Katz & Kahn, 1978; Pincus, 1986; and Ullrich, 1978).

Hill (1986-1987) examined the utility of Herzberg's two-factor theory in his study of 1,089 full time faculty in 20 colleges and universities in the United States. He concluded that Herzberg's theory appeared valid for most institutions of higher education (p.42). Although Hill's study was broad-based, it was not convincing that the results could be projected to other institutions of higher education. He admitted that if the organizational structure or economic conditions vary, or when certain unusual circumstances prevail, the theory may lack precision. Another weakness of the study was that he did not identify variables that would segregate the responses into subgroups for age, years of experience, level of education and present position. The results of the dimensions of job satisfaction might have differed had the faculty responses been grouped according to these variables. Furthermore, the importance of individual need satisfaction must be addressed when studying job satisfaction.

Maslow's hierarchy of human needs ranged from basic physiological needs to self-actualizing needs. Maslow suggested that only after lower order needs are satisfied does a person become concerned with fulfilling higher order ones. Therefore, unmet needs are the source of motivation for individuals (Hale, 1986; Maslow, 1943; and McClure, 1984). This theory is important for understanding basic human needs; however, one might question whether this theory is singularly conducive to a framework for understanding the motivation of individuals. In relation to job satisfaction, research has failed to confirm this theory (Hale, 1986).

Vroom's expectancy theory of work motivation also has failed to be supported by research (Hale, 1986). This theory suggests that motivation is related to the value which an individual places on rewards, and the likelihood of the ability to achieve those rewards. If the rewards obtained from work are greater than expected, the worker is motivated and satisfied. Conversely, if the rewards are less than those expected, then job dissatisfaction results (Lamborn, 1991; Vroom, 1964). However, one might argue that employees may be satisfied with jobs that are unrewarding, especially if the individual does not view work as the central interest of life (Hale, 1986, p.43).

Argyris's (1962) personality and organization theory focused on the effects of organizational life and individual motivation. He believed that organizational assumptions about human beings were in contrast to what is known about human nature (p.37). His framework suggested that individuals desire work settings that permit them independence, variety, challenge, and self-control. The role demands of institutions may inhibit the fulfillment of these desires and, as a consequence, dissatisfaction results (p.49-51). His theory supported Likert's (1967) four systems of management and McGregor's (1967) theory Y. These theories included several commonalties: participative decision-making, open communication environments, and participant responsibility, contribution and subsequent rewards (Bonjean, Brown, Grandjean, & Macken, 1982; Hersey & Blanchard, 1988; McClure, 1984).

Numerous researchers have utilized the theoretical perspective of socialization, described by Katz and Kahn (1978), to study job satisfaction (Cavenar et al., 1987; Fain, 1987; Lynn, McCain, & Boss, 1989; and Mauksch, 1982). In socialization theory, individual commitment and satisfaction in an organization were a function of the clarity of shared values and role expectations between the organization and its individual participants (Cavenar et al., 1987). This was a useful perspective to consider as nursing educators became socialized into the roles of scholar, researcher, clinician, and teacher. Researchers have been consistent in their findings that role ambiguity and role conflict are a source of job dissatisfaction for nursing educators. Therefore, one could conclude that the complexities and conflicts associated with the multidimensional aspects of the educator role were neither easily understood nor easily altered (Mauksch, 1982, p.10).

An assessment and understanding of organizational climate and culture, as well as the dynamic and individualistic nature of job satisfaction, are required. This knowledge is necessary in order to facilitate and promote interaction and communication between individuals in educational institutions involved in a collaborative venture.

Wallis and Cope (1980) suggested a conceptual framework that tied the theories together. They postulated that a person's job expectations were dynamic and may be modified in terms of what the job offers. The individual tended to set job expectations to a realistic, attainable level (p.470). This concept was supported by Hackman and Oldham (1976), Thomas, Ward, Chorba, and Kumiega (1990), and Ullrich (1978) who suggested that well adjusted, career-oriented individuals tended to choose occupations that provide the kind of rewards they were looking for. Once employed, they further adjust their aspirations and behaviours in order to achieve success.

Thus, an individual's job satisfaction/ dissatisfaction may be related to the organizational structure and the individual's inter-relationship with the organizational climate, as well as the unique circumstances or problems of the institution. Donohue (1986) stated that no single type of climate is right for everyone. However, individuals should have greater job satisfaction if their needs are being met, their role expectations are clear, and they feel that they are being adequately rewarded for their contributions to the overall effectiveness of the organization (p.374).

Similarly, Jamieson and O'Mara (1991) suggested that "intrinsic rewards are more likely to occur when people are in well-matched jobs and are involved in meaningful ways" (p.37). They further suggested that the importance individuals ascribe to their rewards varies with their background, expectations, values and needs. This knowledge is essential for managers, as it is the importance of these rewards to individuals that influence motivation, productivity and job satisfaction (p.109-113).

Perhaps job satisfaction does not lend itself to generalizations, and this is the reason that efforts to validate a single theory have generally produced inconsistent results. Perceiving an individual's job satisfaction as dynamic may lead to innovative ways to research job satisfaction. One can assume that a professional might initially set job expectations to the realistic level of what is believed to be achievable. When an individual's achievements no longer meet expectations, dissatisfaction results. If job satisfaction is a function of expectations, rather than simply being related to intrinsic and extrinsic factors, then issues such as salary, involvement in policy making, and cooperation of colleagues may become sources of dissatisfaction because of internal conflict within the individual.

These concepts, therefore, may be useful as a framework for the study of factors influencing nursing educators' job satisfaction/dissatisfaction during a change in organizational structure to a collaborative baccalaureate nursing program. The following model helps to identify the constructs that serve as the basis for this conceptual framework.

Model of Individual Job Satisfaction

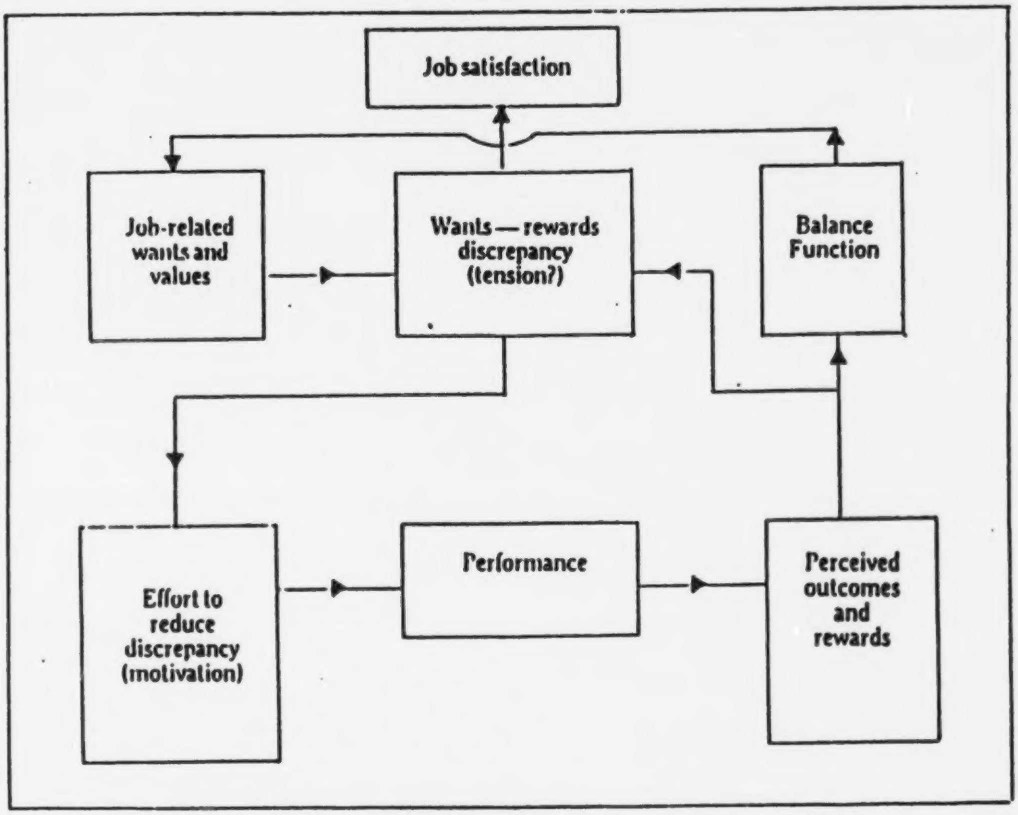

Job satisfaction
Job-related wants and values
Wants — rewards discrepancy (tension?)
Balance Function
Effort to reduce discrepancy (motivation)
Performance
Perceived outcomes and rewards

Fig-1. Simplified model of individual job satisfaction (p472)

Note. From "Pay off conditions for organizational change in the hospital service". by D. Wallis and D. Cope, 1980, In: K. Duncan, M. Gruneberg, & D. Wallis (eds), Changes in Working Life (pp. 459-480). Copyright 1980 by John Wiley and Sons Ltd. Reprinted by permission of John Wiley and Sons Ltd. (Appendix K).

Job Satisfaction

The development of collaborative educational programs in nursing is in its infancy. Thus, literature related to job satisfaction of nurse educators involved in this change in programming was non-existent. Extensive empirical research existed in the area of job satisfaction among staff nurses, and a limited amount of research existed related to aspects of job satisfaction among nurse educators (Barrett et al., 1992; Christian, 1986; Donohue, 1986; and Fain, 1987). No studies identified factors that influence job satisfaction of nurse educators involved in creating a collaborative BN program.

The literature review was limited to the profession of nursing in the area of job satisfaction. The majority of the available research focused on nursing faculty employed in BN, Masters' or PhD programs in a variety of geographic locations in the United States. A potential limitation of all of these studies is the different geographical locations and therefore the generalizability of the findings. The literature review identified some of the consistencies and inconsistencies in the findings of these studies. One of the issues studied by researchers is the influence of change on the work life of individuals. The job satisfaction of individuals is influenced by change. Whether or not the change is welcomed, the work environment and the personal needs of individuals will be altered by change.

Change

> Change can evoke fear and create stress, but change can also bring excitement and rewards for innovators and educators alike. What does the nineties hold for us? What does the future have to offer nurses and nurse educators (Kohocinski, 1990)?

This statement, by the chairperson of the Canadian Nurses Association Interest Group, has meaning for all nurse educators who are currently experiencing the transformational change occurring in nursing education and practice. Nursing faculty who have been involved in collaborative BN programs are the individuals most likely qualified to describe the effects that these changes have produced. Accordingly, it is the experience of these individuals that may provide relevant information on factors that influence their job satisfaction.

Responses to job satisfaction may be volatile and based on preconceptions of the job unless the employee has been involved in a new work situation for at least six to twelve months (Bechard & Harris, 1977; Larson, Lee, Brown, & Shorr, 1984; Mueller & McCloskey, 1990; and Yarcsheski & Mahon, 1984). Consequently, nursing faculty who have been involved in a collaborative BN program that has been in existence for three years are the individuals whose responses will be the least volatile, and therefore the most relevant to the measurement of job satisfaction.

The nurse educator's job satisfaction also will be affected by factors such as academic ranking, personnel policies, and collective agreements of the organizations involved (University of Manitoba and Health Sciences Centre, 1989). Expectations for meeting requisite academic qualifications, in terms of graduate and doctoral degrees, for changing work assignments, and membership on joint committees may create added stress for nursing faculty, particularly in hospital-based programs. These factors and the multidimensional nature of change will affect the job satisfaction of the involved participants. Therefore, the definition of change and the influence of change on individuals are important concepts to understand.

Barker (1990) defined change as, "the design and construction of new patterns, or the reconceptualization of old ones, to make new, and hopefully more productive actions possible" (p.61). Kurt Lewin (1947) defined change as "going from the present level to a desired one" (p.32). Jamieson and O'Mara (1991) stated that people may respond by resisting change because they:

> a) are pleased with the status quo, b) fear personal loss, c) lack understanding or information about the change, d) resent not having input into the change, and e) are cautious due to the lack of trust or respect for the change initiators (p.175).

Despite differing definitions of, and responses to, change, a general theme in the literature was one of change being elusive, difficult to manage, rarely fully understood, and generating conflict among the participants involved in the change process (Barker, 1990; Beyers, 1984; O'Connor, 1978; and Sullivan & Decker, 1992).

The development and implementation of a collaborative BN program will change relationships among people who work in the system when the structure changes. This may be distressing for people when "new rules and authority structures result in changes to organizational needs, requiring people with different skills, knowledge bases, attitudes and motivations" (Sullivan & Decker, 1992, p.435).

Elaborating on the definitions of change, Hersey and Blanchard (1988) described four levels of change in people: a) knowledge changes, b) attitudinal changes, c) individual behaviour changes, and d) group or organizational performance changes. Individual knowledge changes were the easiest to accomplish, with a progression in degree of difficulty to group or organizational changes (p.339-340). Cartwright (1964) noted that the behaviours, attitudes, beliefs, and values of the individual were all firmly grounded in the groups to which he or she belongs (p.160). Resistance was encountered when efforts to change individuals deviated from the norms of the group (Cartwright, 1964). Nursing faculty involved in a collaborative venture may be socialized toward differing values and norms between groups in the educational institutions, and this may create resistance to change and stress for individuals, resulting in decreased job satisfaction.

The ability to work successfully in groups is an essential skill for nursing faculty. The type of relationships developed, and whether or not groups of individuals work successfully toward organizational goals, are dependent upon the organizational climate and culture.

Organizational Climate and Culture

According to Flarey (1991), organizational climate and organizational culture are two distinct terms. The former, organizational climate, was defined as the employees' subjective positive or negative impressions and perceptions toward the organization, creating an environmental personality (Flarey, 1991; Grigsby, 1991; Lawler et al., 1974). The latter, organizational culture, was defined as a combination of behaviours, assumptions, language, and symbols that interact to form shared beliefs, values, and norms existing within an organization (del Bueno, 1986; Flarey, 1991; Thomas et al., 1990). The theory of organizational culture stressed the importance of shared values and norms rather than the structural or rational variables stressed in traditional theories (del Bueno, 1986). When an employee's personal beliefs and values are consistent with the prevailing culture, he or she tends to perceive the climate as good. A perception of a poor climate results when the beliefs and values are in conflict (Thomas, et al. 1990, p.18). One could suggest that perceived organizational climate is a result of the organizational culture. Therefore, discussing culture in relation to climate may be appropriate when considering the impact on organizational change and employee job satisfaction in organizations.

Climate. The type of relationships fostered between nursing faculty in schools of nursing, and whether or not change is successfully maintained, will be dependent upon the organizational climate (Beyers, 1984). Behaviours of employees are affected by the organizational climate and, when a change in organizational climate occurs, employees change their behaviours accordingly (Beyers, 1984). An argument can be made that employees will perform more effectively in an environment with minimum threat and punishment, where individual responsibility is encouraged, rewards are based on results, and a climate of trust and open communication prevails (Lancaster, 1985, p.16). According to Donohue (1986), "it is the interplay of the leader and the organizational climate on the follower's behaviour that so greatly affects individual satisfaction and organizational performance" (p.374).

The results of empirical research supported the hypothesis that the organizational climate either facilitates or impedes individual productivity and job satisfaction (Donohue, 1986; Grigsby, 1991; Krampitz & Williams, 1983; and Lawler et al., 1974). Three studies, by Donohue (1986), Grigsby (1991), and Krampitz & Williams (1983), explored the influence of organizational climate on nurse faculty. Their research focused on full-time nurse faculty in BN schools of nursing in the United States.

An earlier study by Lawler et al. (1974) tested the hypothesis that organizational structure and process were related to organizational climate which, in turn, was related to organizational performance and employee job satisfaction (p.139). They conducted a correlational study with 291 scientists from 117 research and development organizations. Their results suggested that several organizational process variables, such as autonomy, rewards for performance, and collaborative peer support were significantly related to the climate of the organization as perceived by the scientists. Surprisingly, structural variables, such as span of control, size, and levels of the hierarchy in the organization, did not play a noticeable role in determining organizational climate. Perceived climate was shown to be significantly related to measures of organizational performance and to job satisfaction (Lawler, et al., 1974, p.139). This study was limited by selfreports, and by the fact that it may not be generalizable to other groups, such as nurse educators. However, the study provided strong support for the hypothesis that perceived climate was significantly related to measures of organizational performance and job satisfaction. The researchers in this study suggested that research be conducted on the influence of personal characteristics and communication patterns in determining organizational climate.

In a related nursing study, Krampitz and Williams (1983) explored dean and faculty perceptions of the organizational climate in two baccalaureate nursing programs. In this study, an inconsistency was identified between perceptions of faculty and nurse administrators regarding organizational climate. The researchers did not attempt to determine how these differences impacted on organizational effectiveness or job satisfaction of faculty. The sample size was not identified in the study, so representativeness of the population cannot be determined. Furthermore, the researchers cited use of a single instrument as a limitation of their research.

Donohue (1986) studied the relationship between nursing faculty's perceptions of organizational climate and expressed job satisfaction. She considered a number of institutional characteristics and personal attributes of the participants. Her study of 210 full-time faculty in 15 BN schools of nursing in the United States identified that high morale and socio-emotional relations in the environment increased overall job satisfaction. Donohue's (1986) study supported Krampitz and Williams' (1983) findings that the dean's behaviour does influence perceptions of organizational climate and job satisfaction among nurse educators. Geographic restrictions and the size of the population may have limited the generalizability of the study. Nevertheless, it did provide support for previous speculation about organizational climate and its influence on job satisfaction.

Similarly, Grigsby (1991) described organizational structure and climate, and the interrelationship between these factors in two BN schools of nursing in the United States (p.81). Her research conclusions supported the notion that organizational structure was significantly related to the climate dimensions of autonomy, work pressure, and control. Administrative support and autonomy were higher in the school structurally resembling the professional model, and work pressure and control were higher in the school structurally resembling the bureaucratic model. The findings of this descriptive comparative study were in contrast to Lawler's et al. (1974) earlier research that found structure not to be significant in determining organizational climate (p.139). Perhaps the differences support Frielander and Margulies' hypothesis that "no single type of climate is right for everyone, but rather it is the appropriate mix of certain elements with the individual's values that make the worker satisfied with his or her job" (Donohue, 1986, p.374).

Frielander and Margulies' hypothesis is relevant to the study of job satisfaction for nurse educators involved in a collaborative baccalaureate nursing program. The challenge in the organizational climate of the collaborative program will be in creating and also maintaining a system of values and beliefs which reflect mutual goals for faculty in both institutions. The challenge for change agents is to create a work environment or culture that enhances nursing professionalism, job satisfaction, productivity, and quality outcomes in student education (Flarey, 1991, p.41).

Culture. Coeling & Wilcox (1988) identified culture as a barrier to change (p.20). Strong cultures resist changes in basic, embedded values and beliefs (del Bueno, 1987). In the current literature, researchers suggested that, in order to implement successful change, an effective leader must alter the proposed change to fit the culture of the group (Coeling & Wilcox, 1988; del Bueno, 1986; Schein, 1985). This poses a challenge when two cultures join together to create one educational program. Basic assumptions and values of the faculty at both institutions may differ, and the development of a combination of old cultures or of a totally new organizational culture may prove difficult. The nonverbal and intuitive dimensions each member will bring into the new arrangement are elusive and difficult to control and change (Coeling & Wilcox, 1988). The leaders must determine which culture may be more dominant, and which norms and values will be most in jeopardy or likely to cause conflict. In order for new values and assumptions to be learned, leaders must create a reward, promotion, and status system consistent with the identified assumptions (del Bueno, 1986; Schein, 1985).

In the majority of work situations, one can anticipate a climate where some values, norms and goals are not in harmony. When nursing faculty are involved in the implementation of a collaborative nursing program, the potential for conflicting values, norms, and goals may be greater. Such a conflict could occur because nursing education is naturally embedded in conflicting cultures. This is evidenced by university-based nursing faculty being socialized into the traditional university values of commitment to scholarship, academic norms and intellectual life of the university, while simultaneously involved with the transmission of distinctly vocational skills and attitudes for professional practice (Harman, 1989, p.2). Nurse educators involved in diploma-based schools of nursing have not been exposed to the same extent to this conflict of culture. Their primary goal has been to teach and train nurses for hospital-based practice. Therefore, a central goal of leadership in this collaborative venture must be to minimize the occurrence and consequences of cultural conflict, and to help foster the development of shared goals in the management of social integration (Tierney, 1988).

An organization's culture is interrelated with hierarchy, authority, power, and influence. Consequently, the mechanisms of conflict resolution must be worked out and consensually validated between the people in positions of authority and those people in lower authority positions (Schein, 1985, p.223). The influence of the organizational climate and culture will have a direct influence on job satisfaction for educators involved in a collaborative BN program. Furthermore, a difference may exist in the factors influencing job satisfaction for faculty at the university, and for faculty at the school of nursing.

Job satisfaction for nurse educators was studied predominantly from three perspectives: a) factors that are job satisfiers or job dissatisfiers, b) the effect of role conflict and role ambiguity on job satisfaction, and c) the influence of leadership and governance on job satisfaction.

Satisfiers and Dissatisfiers

Researchers studying factors contributing to job satisfaction or dissatisfaction often have drawn on theory from Maslow's hierarchy of needs, Herzberg's two factor theory of motivation, and Vroom's expectancy theory of work motivation, as a framework for their research. Maslow

(1943) identified individual needs on a hierarchy, going from lower order needs to higher level needs. As the lower order needs, such as the physiologic and safety needs, became satisfied, higher level needs, such as the need for love and belonging, self-esteem, and self-actualization became important as satisfiers (Maslow, 1943). Herzberg's theory identified intrinsic factors, such as the work itself, autonomy, responsibility, advancement, and feelings of achievement as contributors to job satisfaction, while extrinsic factors such as physical facilities, fringe benefits, salary, and interpersonal relations were responsible for job dissatisfaction (Donohue, 1986; Hale, 1986; Herzberg et al., 1959; and Hill, 1986-1987). Vroom (1964) suggested that, if the satisfied, motivated worker received rewards greater than expected from work, satisfaction was the result. However, if the person received less than expected, the individual was dissatisfied (Hale, 1986; Vroom, 1964). Hale (1986) stated that research has failed to prove that any of these theories alone could provide a framework to explain the complex phenomena of job satisfaction (p.43). Perhaps some of the inconsistencies can be explained by the focus of research on a single theory, or the absence of a comprehensive framework for the research.

Marriner and Craigie (1977) were two of the few researchers who studied nurse educators' perceptions of factors influencing satisfaction in the work environment. They used a three part questionnaire to determine 822 nurse educators' perceptions of the general importance of given job characteristics to job satisfaction during their search for employment, and during employment in their present position. Their findings suggested that extrinsic factors, such as salary and geographic location, were the most important factors nurse educators considered when searching for a job. However, intrinsic factors, such as level of responsibility, achievement, academic freedom, autonomy, and reputation of the school, were found to be more significant to faculty in their current position (p.353). An analysis of their findings indicated that, when individuals were generally satisfied with their jobs, they were more likely to remain with the institution. Furthermore, the researchers found that nursing educators were concerned about a wide variety of job characteristics but no one aspect stood out as being overwhelmingly important. Instead, educators tended to be dissatisfied with what they felt was important and satisfied with what they did not feel was important (p.356-359).

Lenz and Waltz's (1983) research findings supported those of Marriner and Craigie (1977). Their study, on job search and mobility of nurse educators, identified geographic location and salary as the most significant factors for attracting faculty to their present positions.

Intrinsic factors were rated as less significant in job selection. Decisions to leave a job were based more on personal reasons or positive factors, such as promotion or geographic mobility, than on dissatisfaction with the job itself. These findings also were supported in the literature related to factors that promote recruitment and retention of nurses (Cavenar et al., 1987; Gulack, 1983; Moores, Singh, & Tun, 1982).

Lenz and Waltz's (1983) study also supported Marriner and Craigie's (1977) conclusions that an open climate correlated with a high degree of faculty satisfaction (p. 267). This retrospective study was limited by the ability of respondents to remember accurate data surrounding their search for employment. However, both Marriner and Craigie (1977), and Lenz and Waltz (1983) provided support for the hypothesis that the diverse and individualistic work of academe makes it difficult to determine what constitutes an intrinsic or extrinsic element of the work situation (Biddle, 1992; Boettcher, 1989; Hill, 1986-1987). For example, research facilities may be viewed as intrinsic elements to the educator who views research as the essence of academe. Conversely, faculty who view teaching as a principal function may view the same element as extrinsic. Furthermore, individuals' needs and motivations vary, based on a variety of factors at various stages in their career development (Hale, 1986-1987, p.43).

A number of studies, by Bonjean et al. (1982), Brookman (1989), Davis et al. (1992), Donohue (1986), Grunbaum (1988), and Yarcheski & Mahon (1984), determined that the variables of academic rank, age, and number of years employed as a nursing instructor, influenced individual job satisfaction. These studies documented the importance of factors such as the supportive relationship of faculty members, being rewarded fairly for accomplishments, autonomy, and feelings of security in the job (Donohue, 1988; Grunbaum, 1988). Grunbaum's (1988) study of 469 nurse faculty, employed in schools offering the minimum of a baccalaureate degree, identified significant differences in attitudes, based on academic rank, toward various factors within the work setting. Although full professors were concerned with status and being creative in their work, nursing faculty identified praise, good relationships with peers, and a secure job as more important (p.296).

Barrett & Goldenberg (1988) cited similar differences between college and university faculty. Their research was based on a study of nursing faculty from three university and three college schools in Ontario (p.23). In a recent article, based on the same study, Barrett et al. (1992) cited significant differences in job satisfaction between university and college faculty in Ontario on nine out of 36 job characteristics. The major differences were found in the areas of administrative leadership style, independence, autonomy, and salary (p.1002). When the researchers asked the participants to cite factors that would contribute to their retention, the university faculty identified that "increased salaries, more peer support, and less division by competition and increasing the status and understanding of the discipline of nursing within the university as a whole" would accomplish this objective (p.1008). In contrast, the college participants recommended that "opportunity for professional growth and development would retain faculty" (p.1009). The results of all of these studies supported the notion that variables such as academic rank, age, and years of service must be considered when studying job satisfaction of nurse faculty.

Other variables were not as significant as assumed in determining whether a staff nurse remains employed or leaves the job. They were salary, inadequate staffing, and professional practice (Lemler & Leach, 1986; Sanger, Richardson, & Larson, 1985). Lemler and Leach (1986) used an exploratory descriptive design with a sixty-five item Likert type scale to determine reasons why nurses working in a hospital, with a turnover rate of 40 percent, were leaving. Their findings indicated that the majority of nurses cited personal reasons for leaving employment (p.68). The study was limited by the sample size and non-random sampling procedure. Nevertheless, the findings were useful in identifying the general causative factors for nurses leaving employment, and they were consistent with the other research findings for nurse educators (Cavenar et al., 1987; Lenz & Waltz, 1983).

In addition to the extrinsic and intrinsic factors that influence job satisfaction, many researchers have studied the effects of role conflict and role ambiguity on the job satisfaction of nurse educators. The results of the research from these studies provided helpful insights for understanding the complex phenomenon of job satisfaction.

Role Conflict and Role Ambiguity

The literature has been consistent in the identification of role conflict and role ambiguity as major sources of work-related stress for nurse educators, and also as a cause of job dissatisfaction (Acorn, 1991; Bevis & Krulik, 1991; Cavenar et al., 1987; Fain, 1987; Mobily, 1991; Orr, 1990; Steele, 1991; and Wadsworth, Clark, & Hollefreund, 1986). The majority of researchers adopted the theoretical perspective of socialization as a framework for their research (Katz & Kahn, 1978). This perspective included the assumption that clarity of professional values or culture would help individuals to acquire the knowledge and skills necessary for the performance of their roles (Cavenar et al., 1987; Mobily, 1991). When role conflict and role ambiguity existed, a decline was likely to occur in job satisfaction and need fulfillment (Steele, 1991, p.20).

Clarity of professional roles may be difficult to achieve, given the multidimensional role expectations of nurse faculty employed in a university setting. A possibility exists that role ambiguity and role conflict may even be more of a problem for faculty who have been employed in a diploma-based school of nursing. A lack of socialization into the role expectations of the university may create role conflicts between the expectations of the institution and the individual's self expectations.

A role conflict usually occurs when an individual is required to fill two or more roles, and the expectations and demands are in some way inconsistent. In contrast, role ambiguity occurs when the single or multiple roles are not clearly articulated in terms of behaviour or performance expected (Acorn, 1991; Fain, 1987; Katz, & Kahn, 1978). The association of both role conflict and role ambiguity with job dissatisfaction and job-related tension are confirmed by the research on business organizations (Fain, 1987).

Cavenar et al. (1987), Fain (1987), and Mobily (1991) studied nursing faculty from university-based schools of nursing in the United States to determine the influence of socialization to role on role strain and resultant job satisfaction. Their findings also supported research from the business community showing that role strain reduces job satisfaction and negatively affects retention. The degree of role conflict and role ambiguity experienced by nursing faculty was influenced by the variables such as age and the number of years of service (Fain, 1987). The primary areas of role strain reported by the researchers were external and internal professional communication and work overload (Cavenar, et al, 1987; Mobily, 1991).

Acorn (1991), one of the few researchers who studied nursing faculty in Canadian universities, examined the role conflict and role ambiguity experienced by faculty members in joint academic-clinical appointments and non-joint-appointed faculty. Nurse educators appear to be more at risk for the problems of role strain, for the reason that intrinsic and extrinsic rewards vary markedly between the academic and practice settings. According to Fain (1987), the nurse educator must create a link between the bureaucratic nature of the work-world, and the professional orientation of academia (p.234). In addition, Acorn's findings suggested that multiple role involvement did not necessarily lead to role conflict or role ambiguity (p.225). This study supported other research findings of role strain leading to job dissatisfaction, although Acorn suggested that some degree of role conflict and role ambiguity is inevitable. Her results also supported other researchers' conclusions that every effort to clarify expectations and create clear and non-conflicting performance expectations should be made by leaders, in order to enhance job satisfaction of nurse faculty. Consequently, the role of the leader and the influence of the governance of an institution are significant in the study of job satisfaction.

Leadership and Governance

The relationship between leadership behaviours and organizational characteristics, and their effect on the job satisfaction of nursing faculty, have been investigated by several researchers (Bahrawy, 1992; Christian, 1986; Juhl, 1989; and Kennerly, 1989). Christian (1986) and Kennerly (1989) examined the relationship between leadership behaviours and faculty job satisfaction. Their findings supported the hypothesis that leaders who created and maintained a trusting, respectful rapport with faculty, and who were organized and defined role expectations clearly, enhanced worker job satisfaction. The studies were limited by voluntary participation of nursing programs and faculty, creating a potential sampling bias. However, their conclusions concurred with those of researchers studying role conflict and role ambiguity in nursing faculty.

Kennerly (1989) stated that leadership behaviours and job satisfaction influenced the overall effectiveness of an organization (p.198). Therefore, the influence of the leader as well as the impact of the organizational structure on individuals are important factors to consider when studying job satisfaction.

Bahrawy (1992) and Juhl (1989) investigated the relationship between organizational structure and the degree of faculty participation in decision making and its effect on job satisfaction. Their findings were somewhat contradictory. Bahrawy (1992) found that faculty were generally satisfied with the high level of participation they had in academic affairs, and the low level of participation in student, personnel, and public affairs; but there was some dissatisfaction with the degree of participation in financial affairs (p.107). In contrast, Juhl (1989) suggested that faculty members felt powerless when employed in organizations where decisions were made primarily by administration. She found nurse educators to be striving for greater autonomy, and also greater participation in organizational governance (p.573).

Similarly, the conclusions of researchers studying job satisfaction of other professionals supported Juhl's findings (Hoy, Blazovsky, & Newland, 1983). Hierarchical control and lack of participation in decision making appear to increase teacher conflict with a concomitant decrease in job satisfaction (Hoy, et al. 1983, p.112). These discoveries provided further support for the hypothesis that job satisfaction is dependent upon individual needs and expectations. According to Conway (1984), depending upon the organizational climate, and an individual's need for control, participants appear to have varying degrees of satisfaction with participation in decision making (p.3).

The importance of communication patterns as the main factor influencing job satisfaction of hospital staff nurses was studied by Pincus (1986). He identified, as the three primary factors influencing job satisfaction, the importance of communication activities in the superior-subordinate relationship, the nurses' perception of communication with top level management, and the vital role that peer relationships play in nurses' working lives (p.23). The limitations of this research were the non-random sampling procedure, and the omission of an example of any of the three questionnaires used to complete the study. Furthermore, the importance of certain communication patterns in urban hospital settings may not be generalizable to educational institutions. This study proved useful in identifying the important role that communication patterns play in job satisfaction.

Pincus's (1986) results were supported by the research findings of Cavenar, et al. (1987). They suggested that nursing faculty with high communication activity tend to have low role ambiguity which, in turn, results in high job satisfaction (p.1).

Job satisfaction appears to be a complex phenomenon dependent upon individual needs, aspirations, and expectations. The importance of leadership in defining roles and managing change cannot be overlooked when attempting to study the area of job satisfaction of nurse faculty.

Conclusion

A review of the literature on job satisfaction yielded more questions than answers. When the many factors that could influence the job satisfaction of nurse educators were multiplied by individual employees' expectations, the value placed by each individual on each factor, and the influence of the organizational climate and culture, a single non dimensional measure of job satisfaction could be misleading (Larson et al., 1984, p.34). The research related to factors that influence job satisfaction of nurse educators in Canada was limited. Furthermore, study of the effects on nurse educators of a change to a collaborative baccalaureate nursing program was non existent. Nevertheless, a number of variables which may influence job satisfaction of nurse educators have been identified.

The general influence of climate and culture has been shown to affect job satisfaction and productivity. Leadership behaviour, and the development of shared values and norms of a group toward the creation of an organizational climate, affect both individual satisfaction and organizational performance. Those factors which appear to influence the development of shared values and norms and individual job satisfaction include relationships with others, personal growth and motivations, and system maintenance and change.

Specific factors promoting satisfaction, or creating dissatisfaction, depended on individual needs and motivations. Factors that may have influenced the job satisfaction of nursing educators included: a) leadership support, b) cohesive and socio-emotional support from peers, c) involvement in decision-making, d) autonomy, e) rewards for performance, f) acceptable work load, g) role clarity, h) personal control, i) job security, j) opportunity for creativity, and k) physical comfort in the environment. These multidimensional factors were affected by the individual's rank, age, and number of years in the current position. The primary motivation for nurses in accepting a position, or leaving a job, appeared to be geographic location.

In summary, the variety of factors identified in the literature as being associated with job satisfaction of nurse educators did not support a single explanation. Rather, the variety of elements indicated that numerous factors must be considered when studying the complex phenomenon of job satisfaction.

CHAPTER THREE

Method

Research Design

The research study was designed according to mail survey research methodology and procedures. This methodology was described and recommended by LoBiondo-Wood and Haber, 1990, Polit & Hungler, 1991, and Wilson, 1985.

Population Sample

The entire population of nurse educators, 24 from the Health Sciences Centre and 18 from the University of Manitoba, employed both full time and part time, in the fall of 1993, in the new collaborative baccalaureate nursing program in Manitoba, was selected to participate in this study. When an entire population is surveyed, the researcher can be confident that the salient characteristics of the population are adequately represented (Moore, 1983).

Instrumentation

The survey instrument consisted of three parts: in the first section, participants were asked to identify demographic data; the second section included a 90 item standardized questionnaire developed by Moos and Associates (1974) and described and recommended by Flarey (1991), and the third section consisted of a 23 item questionnaire designed specifically for this study. The instrument was used to measure the level of job satisfaction of nurse educators, and to determine specific issues that influenced job satisfaction (Appendix E).

The standardized Work Environment Scale (WES) instrument developed by Moos and Associates (1974) was selected for the study. The instrument uses a two-point (true/false) scoring assessment to measure the social climate of the work environment (Flarey, 1991), and has 10 subscales grouped under three major dimensions. Flarey stated that,

> The first dimension, relationships, includes involvement, peer cohesion, and supervisor support. The personal growth dimension measures autonomy, task orientation, and work pressure. The third dimension, systems maintenance and change, includes clarity, control, innovation, and physical comfort (1991, p.37).

According to Moos (1986), subscales of the relationship dimension were defined as: a) involvement, how concerned and committed faculty are to their jobs, b) peer cohesion, how friendly and supportive employees are of one another, and c) supervisor support, how supportive management is of their employees. In the personal growth dimension, the subscales were defined as: a) autonomy, the extent to which employees are encouraged to be self-sufficient and to make their own decisions, b) task orientation, the degree of emphasis on good planning, efficiency, and getting the job done, and c) work pressure, the degree to which the pressure of work and time urgency dominate the job milieu. The systems maintenance and change dimension assessed: a) clarity, the degree to which employees know what to expect in their daily routine and how explicitly rules and policies are communicated, b) control, the extent to which management uses rules and pressures to keep employees under control, c) innovation, the degree of emphasis on variety, change, and new approaches, and d) physical comfort, the extent to which the physical surroundings contribute to a pleasant work environment (p.2).

Because the instrument had been used in numerous studies, content and user reliability as well as validity had been established (Fisher, 1986; Flarey, 1991; Grigsby, 1991). "Internal consistencies for each of the subscales ranged from .69 (peer cohesion) to .86 (innovation)" (Grigsby, 1991). The remainder of the subscales had internal consistencies of .73 for autonomy, .76 for task orientation, .76 for control, .77 for supervisor support, .79 for clarity, .80 for work pressure, .81 for physical comfort, and .84 for involvement.

Flarey (1991) stated that, since its development, the WES instrument has been used in a variety of health care settings, and the results obtained from using this instrument helped workers to identify common factors in the environment which create dissatisfaction. Flarey (1991) furthermore claimed that the tool was useful for assisting administrators in planning organizational change in order to enhance the job satisfaction of their workers.

Portions of the instrument designed specifically for this study consisted of ten items related to demographic data and 23 items related to personal, curriculum, and administrative issues that might influence job satisfaction of nurse educators involved in a collaborative BN program in Manitoba. Demographic data of the population were obtained by asking participants to identify: work history, academic background, and age.

A pilot test was conducted to establish content and face validity. Seven nursing faculty at the St. Boniface School of Nursing were asked to participate in the pilot study. The St. Boniface faculty joined the University of Manitoba and Health Sciences Centre in the collaborative program in September, 1992. Faculty had been involved in the joint venture for a period of one year when the pilot was implemented. Pilot test respondents were asked to record the length of time required to complete the survey, and to identify ambiguous items. In addition, they were asked to identify items that failed to provide adequate response categories (Appendix F). Comments concerning the overall format and the clarity of instructions were elicited. Six (86%) of the respondents completed the pilot study, and minor revisions were made to the questionnaire based on the subject responses. Data received from the pilot study respondents were not included in the findings of the research study.

Procedures

In order to solicit participants for the study, a letter, requesting permission to attend a faculty meeting, was sent to both Directors of the schools of nursing in September, 1993 (Appendix C). The letter indicated that the purpose of the study would be discussed, and that a request for the participation of the full time and part time faculty members would be initiated at the meeting.

The questionnaire was distributed to 18 eligible faculty members, employed in the undergraduate collaborative BN program at the University of Manitoba, Faculty of Nursing, and 24 nurse educators employed at the Health Sciences Centre, School of Nursing. Both nursing programs are located in Winnipeg, Manitoba. The Health Sciences Centre educators were given the questionnaire at a faculty meeting in mid October, 1993, and the University of Manitoba faculty received the questionnaires following a council meeting one week later. At this time, faculty were involved in teaching and immersed in many of the issues that influence individual job satisfaction. The purpose, importance of the study, assurance of confidentiality, and explanation of the procedure were discussed with faculty.

Each questionnaire package included a cover letter explaining the purpose and importance of the study, the amount of time required to complete the survey, and an explanation of why the respondent was chosen to participate in the study (Appendix D). The participants were asked to return the completed questionnaire, in the stamped, self-addressed envelope, within two weeks. A follow-up reminder letter was put in all participants' mailboxes two weeks after the initial questionnaire was distributed (Appendix G).

Ethical Considerations

Ethical approval for the pilot study was received verbally from the Director of Nursing Education and Research, St. Boniface Hospital. The ethics committee for the University of Manitoba (Appendix A) and the Impact Analyses Committee at the Health Sciences Centre (Appendix B) granted approval for the study. Participants were informed that the data collected were confidential. Anonymity was ensured by handing out questionnaires to all educators during the faculty meeting at the Health Sciences Centre, and by putting the questionnaires in the faculty mailboxes at the University of Manitoba. They were not asked to identify themselves by name, and no coding method was used to monitor returns.

Data Analysis

Following completion of the data collection phase, the data were coded and entered into a computer spread sheet (Excel 4.0, MS-DOS). Descriptive statistics were used to present the characteristics and the associations for the first and the third section of the questionnaire. In the second section of the questionnaire, the MYSTAT 2.1, a MS-DOS-based educational version of SYSTAT 2.1, statistical analysis program was used to calculate independent t-tests for the purpose of measuring differences between the group means for the ten subscales of the WES. Because this is an exploratory study into these issues, the decision was made to set alpha at a liberal .05 level of significance. Descriptive data were compiled and are presented in the form of frequency distribution tables.

Data were categorized according to demographic information including age, educational preparation, rank, years of experience, and institution of employment. Responses from the standardized questionnaire measuring social climate were grouped using the subscales of: involvement, peer cohesion, supervisor support, autonomy, task orientation, work pressure, clarity, control, innovation, and physical comfort. Data obtained from each institution were analyzed separately before data were compared between organizations.

Assumptions

The assumptions of this study were the following:

1. Nurse educators are able to identify factors that influence their job satisfaction, three years after the implementation of a collaborative nursing program.
2. Participants are sufficiently motivated to return the questionnaire to the investigator.
3. Respondents gave implied consent for participation in the survey by returning the completed questionnaire.
4. The anonymity of the questionnaire enhanced the disclosure of accurate information by the respondents.
5. Information regarding issues that influence job satisfaction of nurse educators following the implementation of a collaborative BN program will assist managers to plan change for future collaborative ventures.

Limitations

The limitations of the study were the following:

1. The restricted population of faculty from two schools of nursing in one province limited the generalizability of this study to other populations.
2. Participants in the study were volunteers. Data from individuals unwilling to participate may have produced different results.

3. The use of a single research methodology, to study job satisfaction, may have limited the identification of all of the significant factors influencing job satisfaction.
4. Responses were not grouped according to the variables of age, years of experience and level of education. The conclusions may have differed if faculty responses were grouped according to these variables.
5. Current depressed economic conditions and timing of the research may have influenced the responses of the participants in relation to job satisfaction.

CHAPTER FOUR

Results

The results of the study include a description of the personal characteristics of the population and descriptive data analysis in relation to the following research questions:

1. Do differences exist between the hospital-based nursing faculty and the university-based faculty in relation to issues influencing the job satisfaction of members of each group?
2. What recommendations would nurse educators, involved in a change to a collaborative baccalaureate nursing program, make to enhance their job satisfaction?

Descriptive data were compiled, and graphs and tables are used to present the results of the study. In part B of the questionnaire, independent t-tests were calculated for the purpose of measuring differences between the two population groups for each of the ten subscales on the WES. Given the large number of t-tests calculated, the probability of making a Type I error is a concern (Moore, 1983).

The total population of nurse educators teaching in the collaborative baccalaureate nursing program at the Health Sciences Centre and at the University of Manitoba was surveyed. Questionnaires were given out at respective faculty meetings to 24 nurse educators at the HSC and to 25 nurse educators at the U of M. Only 18 nurse educators from the U of M met the requirements of the study which were identified as nurse educators teaching full or part time in any aspect of the undergraduate BN program offered jointly by the U of M and the HSC. Return rates were 79% (19) from the respondents at the hospital-based centre and 83% (15) from those at the university-based centre. The cumulative return rate was 81%. When data are obtained from 81% of the population, one can be confident that the characteristics of the groups are accurately represented (Moore, 1983).

Personal Characteristics of Nurse Educators

Respondents were asked to complete questions related to their personal characteristics. The educators were asked to identify demographic data including age, work history, and academic background.

Age

The age groupings of respondents ranged from 21 to 60 years at the HSC, and from 31 to 60 years at the U of M. As shown in Figure 2, the 31 to 40 year age group contained the largest number of respondents at 6 (40%) in the university-based nursing program, and the age group identified as 41 to 50 years contained the largest number of respondents at 9 (47%) from the hospital-based nursing program.

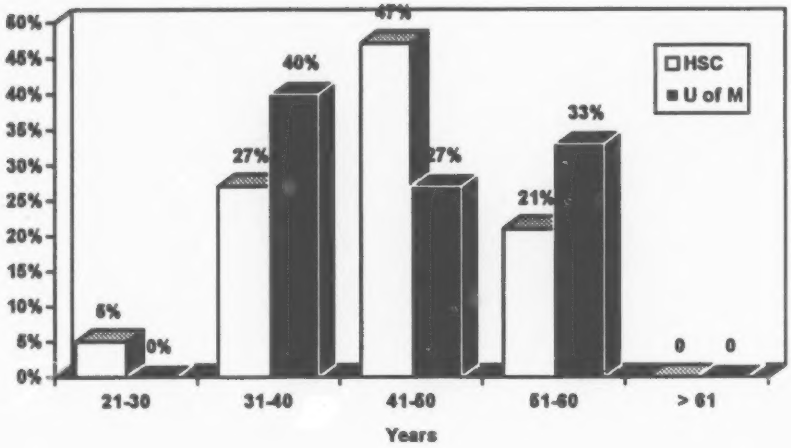


Figure 2. Age of respondents

Work History

The respondents were asked to complete questions related to their work history. These educators were asked to respond to items that identified their experience in nursing education, academic rank, experience in nursing practice, and academic background.

Experience in Nursing Education

The majority of the population sample, 16 (84%) from the HSC and 11 (73%) from the U of M, were employed full time in nursing education. The remainder of the respondents reported working part time. Figure 3 indicates that a predominant number of the respondents from the hospital-based program have been employed in nursing education for 11-20 years. By comparison, the university-based faculty reported a relatively equal distribution in years of experience, except for the less than 1 year and the 7 to 10 year categories.

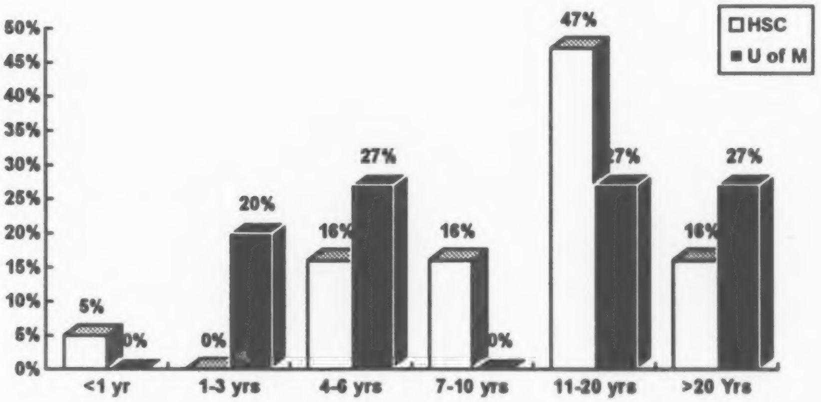


Figure 3. **Years of experience in nursing education**

As shown in Table 1, the majority (58%) of nurse educators from the hospital-based institution, compared to 40% of respondents from the university-based institution, were involved in theoretical and clinical practice instruction. The majority of the faculty members from the university-based institution were involved in theoretical instruction only.

Table 1

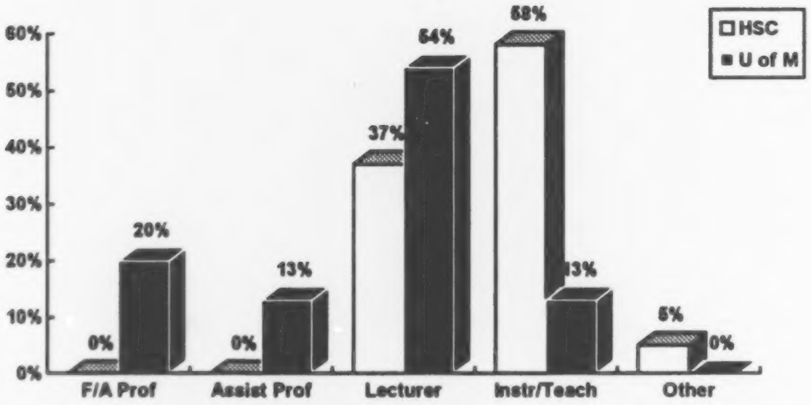
Teaching responsibilities of nurse educators

	HSC		U of M	
	Frequency	Percent	Frequency	Percent
Theory & Clinical	11	58%	6	40%
Theory Only	7	37%	8	53%
Clinical Only	0	0%	1	7%
Other	1	5%	0	0%

Population sample. HSC (n=19) U of M (n=15)

Academic Rank

Informants were asked to identify their rank in their current teaching position. As shown in Figure 4, educators from the hospital-based program held ranks of lecturer or instructor/teacher, with the majority (58%) holding the rank of instructor/teacher. In contrast, faculty from the U of M were lecturers (54%), with a smaller percentage at the level of assistant (13%), or associate/ full professor (20%). Few faculty members responding to this survey hold the rank of instructor/teacher (13%) in the university-based program.



Key. F/A PROF = Full/Associate Professor
ASSIST PROF = Assistant Professor
LECTURER = Lecturer
INSTR/TEACH = Instructor/Teacher
Other = Other

Figure 4. Academic rank

Experience in Nursing Practice

Respondents from the two institutions reported similar years of experience in nursing practice in a hospital and/or community-based setting. The data are presented in Table 2. A significant number of faculty from both institutions (HSC 42%, U of M 47%) reported more than 11 years of experience in nursing practice.

Table 2

Years of experience in nursing practice

	HSC		U of M	
Years	Frequency	Percent	Frequency	Percent
< 2	2	11%	0	0%
2-5	3	16%	7	47%
6-10	6	32%	1	7%
> 11	8	42%	7	47%

Population sample. HSC (n=19) U of M(n=15)

Academic Background

Respondents were asked to indicate their highest educational preparation and to identify if they were working toward another degree. The majority of the respondents from the HSC (58%) had Baccalaureates in Nursing as their terminal degree, whereas 40% of faculty at the U of M held Master's degrees as their highest educational preparation. None of the respondents from the HSC identified their highest educational preparation as a Doctoral degree, whereas 20% of respondents from the U of M had a Doctoral degree in nursing and 1 respondent had a PhD in a related discipline. Table 3 provides a complete distribution.

Table 3

Highest educational preparation of nurse educators

	HSC		U of M	
	Frequency	Percent	Frequency	Percent
BN	11	58%	4	26%
Baccalaureate (other)	1	5%	0	0%
MN	7	37%	6	40%
MED	1	5%	1	7%
Doctorate (Nurse)	0	0%	3	20%
Doctorate (other)	0	0%	1	7%

Population sample. HSC (n=19) U of M (n=15)

Five respondents (26%) from the HSC and 4 respondents (27%) from the U of M indicated that they were currently working toward another degree. A Master's degree in Nursing was being sought by 2 educators from the HSC, and an additional 2 educators were taking Pre-Master's courses. One respondent was working toward a Doctoral degree in nursing. Similarly, two faculty members from the U of M indicated they were studying for a Master's degree in Nursing, and two respondents reported working toward a Doctoral degree, one in nursing and one in a related discipline.

Summary of Findings

The age distribution for both groups of nurse educators reflected a middle-aged population with a vast majority of experienced educators employed full time in both institutions. More faculty members from the HSC than from the U of M were involved in theoretical and clinical instruction. The majority of the U of M faculty were involved in theoretical instruction only. Educators from the hospital-based institution primarily held the rank of instructor/teacher. In contrast, faculty from the U of M were lecturers, with a smaller percentage of educators at the level of assistant or associate/full professor. The majority of respondents from both institutions reported more than six years experience in nursing practice. A predominant number of respondents from the HSC had Baccalaureate degrees in nursing as their highest educational preparation whereas, the majority of nurse educators at the U of M had graduate degrees in nursing as their highest academic preparation. Few educators in either institution were currently working toward another degree.

The results of the first section of the survey provided a profile of nurse educators currently involved in the collaborative BN program in Manitoba. Examination of these data is relevant to the research questions addressed in this study.

Research Question One

The first research question was formulated to determine whether differences exist between the hospital-based and the university-based nurse educators in relation to perceived influences on job satisfaction. The data derived from part B and part C of the questionnaire were analyzed in order to answer this research question.

Respondents were asked to complete the Work Environment Scale (part B of the survey) developed by Moos and associates (1974). This instrument was used to compare differences of perceived organizational climate between the two groups of nurse educators.

In terms of the mean scores in the relationship dimension of the WES scale, no significant differences were found in the subscales of involvement (t=1.465; df=32; p=.15) and supervisor support (t=0.135; df=32; p=.89). According to the norms provided by the WES, both groups scored average to above average in their perception of concern and commitment to the job, and of the support they received from management. As indicated in Table 4, a significant difference (t=3.333; df=32; p=.004) was found between the two groups in the subscale peer cohesion. The group mean for the hospital-based group was well above average, according to the WES norms, in comparison to the university-based faculty who scored below average.

In the personal growth or goal orientation dimension, no statistically significant differences were found for the subscales of autonomy (t=0.333; df=32; p=.74), task orientation (t=1.156; df=32; p=.26), or work pressure (t=0.692; df=32; p=.50). Respondents scored above average to considerably above average, according to the WES norms, in these categories.

Similarly, no significant differences were found in the mean scores between the hospital-based and university-based nurse faculty for the subscales control (t=0.136; df=32; p=.89), innovation (t=0.723; df=32; p=.48), and physical comfort (t=0.438; df=32; p=.67), in the system maintenance and system change dimension. Nurse educators from the Health Sciences Centre and the University of Manitoba scored well below average, according to the WES norms, for control and for physical comfort in the environment. The mean scores for innovation were well to considerably above average in relation to the WES norms. However, a statistically significant difference (t=2.095; df=32; p=.05) was found between the means for the two groups in the subscale clarity, the knowledge of rules and routines. The hospital-based group had a mean score of 5.6 (average), whereas the university-based faculty had a mean score of 3.6 (well below average), according to the norms provided by the WES. The results are outlined in Table 4.

Table 4

Comparison of organizational climate subscales between hospital-based and university-based nurse educators

Subscale	Mean	SD	df	t	p
Involvement					
HSC	7.3	1.77	32	1.465	.15
U of M	6.4	1.84			
Peer Cohesion					
HSC	7.1	1.24	32	3.333	.004
U of M	4.6	2.69			
Supervisor Support					
HSC	6.3	1.50	32	0.135	.89
U of M	6.4	2.03			
Autonomy					
HSC	7.6	0.96	32	0.333	.74
U of M	7.7	1.58			
Task Orientation					
HSC	7.1	1.52	32	1.156	.26
U of M	6.5	1.36			
Work Pressure					
HSC	6.9	1.55	32	0.692	.50
U of M	7.4	2.13			
Clarity					
HSC	5.6	2.36	32	2.095	.05
U of M	3.6	3.00			
Control					
HSC	2.7	1.77	32	0.136	.89
U of M	2.6	1.81			
Innovation					
HSC	6.5	1.71	32	0.723	.48
U of M	7.1	2.46			
Physical Comfort					
HSC	3.1	1.87	32	0.438	.67
U of M	2.7	2.28			

Population sample. HSC (n=19) U of M (n=15)

In part C of the questionnaire, participants were asked to respond to 20 positively worded statements. These statements identified personal, curricular and administrative issues regarding collaboration, which might influence the nurse educator's job satisfaction. The results are presented in graphic form in the text and in Appendices H (personal), I (curriculum), and J (administrative); numbering of the Figures corresponds with the item numbers in part C of the questionnaire.

In the personal issues category, the majority of university-based and hospital-based faculty indicated that they found the change to a collaborative program exciting (Figure 5, Appendix H) and professionally valuable (Figure 6, Appendix H). Sixty percent of the faculty from the U of M agreed that the change to the collaborative program was exciting, while 53% of faculty from the HSC strongly agreed with the same statement. A greater number of the U of M faculty (27%) than the HSC faculty (5%) disagreed with the statement that the change was professionally valuable.

A greater consensus existed between the two groups regarding the amount of involvement they believed they had in the change process (Figure 7, Appendix H). Thirty seven percent of the hospital-based faculty and 46% of the university-based faculty identified that they had not been adequately involved in the process.

The majority of nurse educators indicated that the change to a collaborative baccalaureate nursing program had increased their overall job satisfaction. As illustrated in Figure 8, close agreement was reached by respondents from both institutions who disagreed with the statement. A greater number of respondents from the Health Sciences Centre (42%) than from the University of Manitoba (7%) indicated strong agreement.

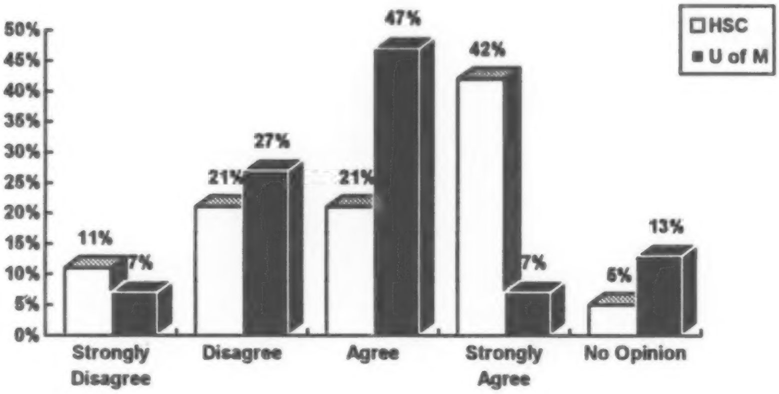


__Figure 8__. Job satisfaction increased

A marked difference of opinion was evident in the statement concerning job security. As shown in Figure 9, the majority of faculty from the Health Sciences Centre

(74%) strongly disagreed with the statement, "I feel a sense of job security". In comparison, 20% of the University of Manitoba faculty strongly disagreed on the same issue.

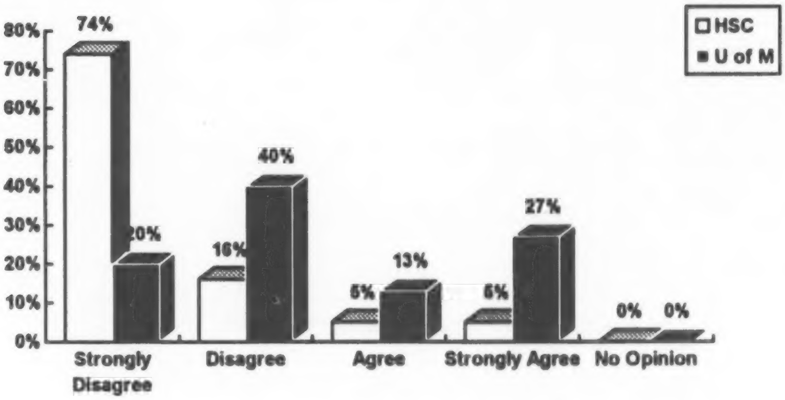


Figure 9. Sense of job security

In response to the statement, "my workload is reasonable", 47% of the HSC faculty disagreed compared to 27% of the U of M faculty. In addition, 21% of the faculty from the hospital-based program indicated that they did not have a clear understanding of expected roles, while only 13% of the faculty from the university-based program indicated the same. The distribution of responses is represented in Figures 10 and 11.

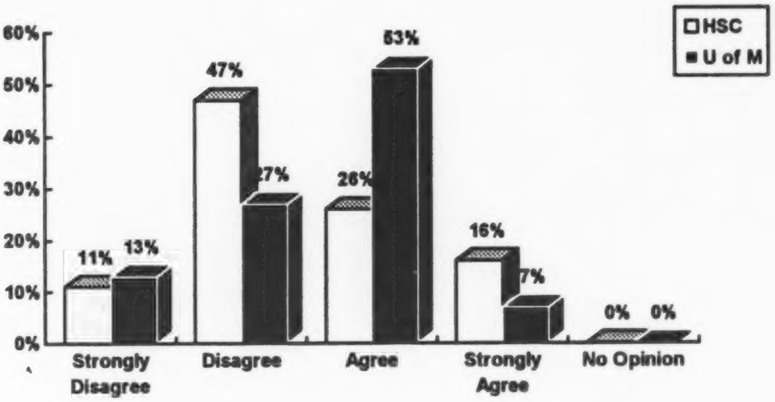


Figure 10. Reasonable workload

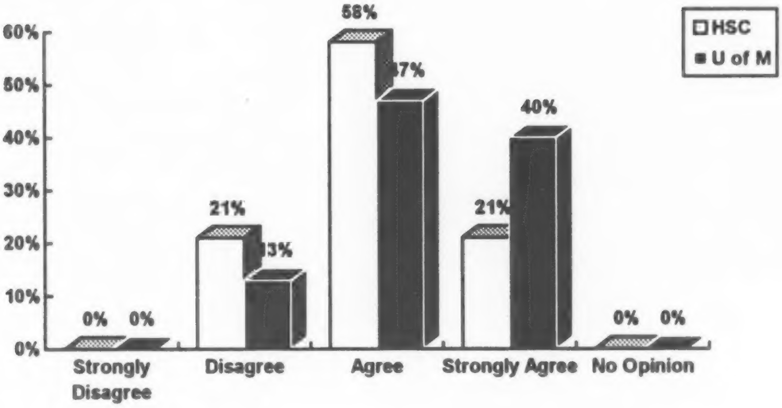


Figure 11. Clear understanding of expected roles

Faculty from both institutions agreed that good working relationships exist between the groups. One hundred percent of faculty from the U of M and 94% of the faculty from the HSC identified a good working relationship with each other (Figure 12, Appendix H).

Differences were noted between faculty in the two institutions regarding support for further education. The majority of faculty from the HSC (52%) agreed that they had adequate encouragement toward furthering their education, whereas 67% of the faculty from the U of M strongly agreed with the same statement. Twenty one percent of the respondents from the HSC indicated that they did not receive adequate encouragement toward furthering their education, as compared to 7% at the U of M (Figure 13, Appendix H).

In response to statements regarding curriculum issues in the collaborative BN program, the majority of faculty from both sites indicated agreement that curriculum content was consistent between the university and the HSC (Figure 14, Appendix I). In addition, the bulk of nurse educators from both areas indicated that opportunity to incorporate the uniqueness of the institution existed in the delivery of the program (Figure 15, Appendix I).

A discrepancy occurred between the two groups in response to the statement, "faculty from both programs have an equal voice in decisions regarding curriculum development." As displayed in Figure 16, the majority of the HSC faculty (52%) agreed with the statement compared to 27% of the U of M faculty, whereas 5% of the HSC compared to 27% of the U of M faculty strongly agreed with the statement. A relatively equal distribution of responses existed between groups for those who disagreed with the statement.

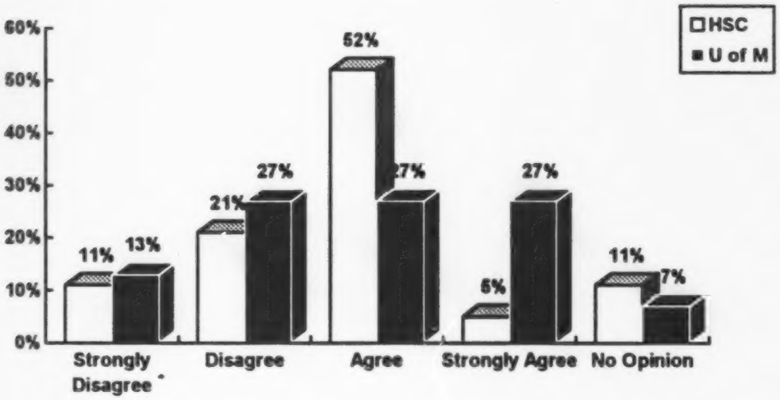


Figure 16. Equity in Decision-Making

The two groups were consistent in their belief that the education of students has been enhanced through the process of collaboration. Although little disagreement was expressed by either group, one U of M faculty member strongly disagreed with the statement that the process of collaboration had enhanced the education of student nurses (Figure 17, Appendix I).

Part C of the questionnaire also included seven statements related to administrative issues in the collaborative program. Faculty from both institutions indicated that their respective administrations had supported nurse educators in the change process (Figures 18 & 19, Appendix J).

They also both supported the belief that they were kept well informed regarding program related issues. The number of faculty disagreeing with the statement was similar for both program sites, HSC (31%) and U of M (27%) (Figures 20 & 21, Appendix J).

Differences between group responses were evident in the statement, "both institutions are represented equally on committees." As illustrated in Figure 22, 67% of the U of M faculty either agreed or strongly agreed with this statement, compared to 32% of the HSC faculty.

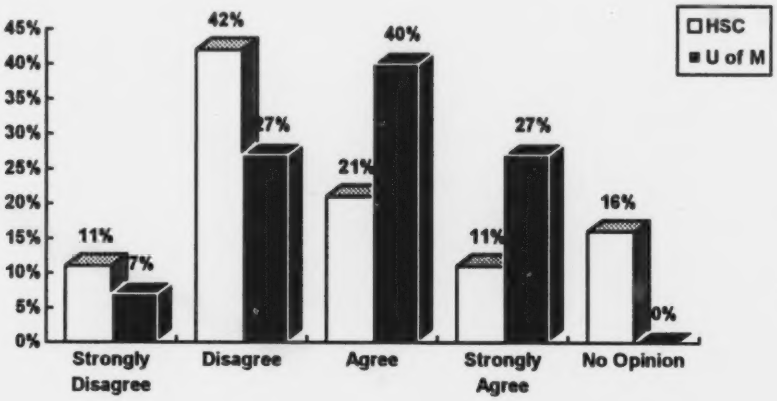


Figure 22. Equal Representation on Committees

In both program sites faculty believe that employment benefits are inequitable. Fifty eight percent of the HSC and 73% of the U of M faculty disagreed or strongly disagreed with the statement, "employment benefits available to faculty are equitable in both institutions". Accordingly, a greater number of the HSC faculty (21%) than the U of M (7%) faculty believed employment benefits to be equitable between the two institutions. The supporting data are illustrated in Figure 23.

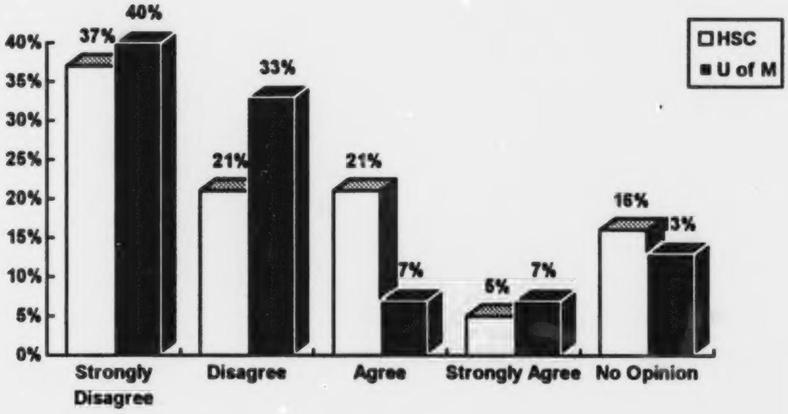


Figure 23. Employment Benefits Equitable

Responses of faculty from both institutions were similar in regard to the statement, "the process used to hire faculty for teaching positions is fair." The majority of the HSC faculty (52%) and the U of M faculty (73%) agreed or strongly agreed with this statement. A difference existed between those having no opinion on this issue. Thirty two percent of the HSC faculty expressed no opinion on the issue, while none of the U of M faculty indicated the same (Figure 24, Appendix J). A possible explanation for this finding may be that the hospital-based faculty lacked knowledge about the hiring process.

Summary of Findings

In summary, faculty from the Health Sciences Centre and the University of Manitoba generally appear to have a positive perception of the work environment, with average to considerably above average scores, according to the norms defined by the Work Environment Scale, for the subscales: involvement, supervisor support, autonomy, task orientation, innovation, and minimal administrative control. However, both groups scored average to considerably above average, according to the Work Environment Scale norms, in the mean scores reflecting a high degree of work pressure, and well below average, according to the Work Environment Scale norms, for physical comfort in the environment. Differences between the mean scores were evident only in the subscales of peer cohesion and role clarity. In both of these subscales, the university-based faculty scored lower than the hospital-based faculty.

In the personal issues category, on part C of the questionnaire, respondents from both institutions identified that the change to a new collaborative BN program had increased their job satisfaction. Differences occurred between the groups in relation to the issues of job security and workload. More hospital-based than university-based faculty were concerned with the issues of job security and unreasonable workloads.

In relation to curriculum issues, both faculty groups perceived consistency in curriculum content and adequate opportunity to incorporate the uniqueness of the institution in the delivery of the program. General agreement existed that faculty from both programs have an equal voice in decisions regarding curriculum development, and that the education of student nurses has been enhanced by the process of collaboration.

Educators from both institutions indicated that their respective administrations had supported them in the change process, and that they have been kept well informed regarding program related issues. Agreement existed between the groups that employment benefits are inequitable between the institutions. The university-based faculty expressed stronger negative views on this issue. The hospital-based faculty perceive that they are under-represented on committees, while the university-based faculty perceive the representation to be equitable between the groups.

Research Question Two

The second research question was designed for the purpose of identifying the nurse educator's recommendations for change in order to enhance job satisfaction. Data derived from the open-ended questions in part C of the questionnaire were analyzed in order to answer this research question.

In the final part of the questionnaire respondents were asked to respond to three open-ended questions. Comments were grouped into similar themes and the distribution of responses is outlined in Tables 5, 6, and 7. In the first question, respondents were asked to identify what they believed to be the most significant factors influencing the transition to or development of a collaborative nursing program. In the second question, respondents were instructed to offer suggestions of how the collaboration process between institutions of nursing could be improved. In the third question, the nurse educators were invited to make suggestions for change that could improve their job satisfaction in the collaborative BN program.

When responding to the first open-ended question, "what do you consider the most significant issue(s) to faculty members during the transition to/development of a collaborative BN program?", job security was identified as a major concern to faculty members at the HSC (74%). Four faculty members elaborated on the issue by identifying that health care reform, lack of employment for graduate nurses, and the expectation for advanced educational requirements made them feel a loss of job security. In comparison, 27% of the faculty at the U of M expressed job security as one the most significant issues during the collaborative experience. One respondent expressed concern for job security at both institutions because lecturers are hired on term contract and faculty at hospitals are facing cutbacks.

The issues of good communication, clear role expectations and equity between sites were of concern to faculty from both institutions. The HSC faculty noted the need to keep information open and honest because rumours abound and a well informed faculty is less likely to respond to the "rumour mill." Similarly, the U of M faculty want to be informed regarding the changes, to ensure that lines of communication are clear between course leaders and coordinators, and also to ensure that students from both institutions have the same opportunities for experience and learning.

In relation to role expectations, faculty from the hospital-based program expressed a need for outlining expectations in relation to educational preparation, research and the interrelationship between theory and clinical practice. Correspondingly, educators from the university-based program identified the determination of common goals and the socialization of faculty from the old diploma programs into the "professor" role as the most significant issues. One respondent noted that academic freedom sometimes conflicts with institutional policies and routines.

Respondents from both institutions expressed concern regarding equity issues. Comments from educators at the HSC centred around intrinsic factors, such as the recognition of clinical practice expertise as being as valuable and important as nursing research; the importance of equal partnerships; and the equal sharing of resources. Responses from the faculty at the U of M concentrated on extrinsic factors such as equity between sites in relation to salary schedules, workload, benefits, decision-making, and curriculum development. The university-based faculty suggested that the hospital-based faculty are in a much better position in relation to salary and benefits.

Faculty from both institutions identified workload as a significant issue in the collaborative program. One faculty member from the HSC described the workload as "tremendous", with no time to reflect, read, do research, or spend extra time with students. Similarly, faculty from the university setting indicated a heavy workload and expressed a concern regarding the inequity of workload between the university faculty and the hospital-based faculty, especially in relation to research and community service expectations.

A few faculty members from both institutions expressed a desire for more involvement in decisions regarding the curriculum. Two nurse educators from the U of M identified a need for ongoing faculty involvement in course changes, in order to meet "real" community health care needs. The overall distribution is outlined in Table 5.

Table 5

Significant issues during development of/transition to collaborative program

	HSC		U of M	
Issues	Responses	Percent	Responses	Percent
Job Security	14	74	4	27
Communication	5	26	5	33
Role Expectations	4	21	5	33
Equity	4	21	3	20
Workload	3	16	3	20
Involvement	2	11	3	20
IPRS	0	0	3	20
Educational Req.	3	16	0	0
Logistics	0	0	2	13
Accountability	1	5	1	7
Control	1	5	1	7
Miscellaneous	1	5	1	7

Population sample. HSC (n=19) U of M (n=15)

Three respondents from the U of M identified interpersonal relationships as a significant issue. The comments reflected a need to be respectful, flexible, patient, and supportive of one another. The importance of valuing faculty contributions from all sites was identified, although faculty from the HSC did not raise this as a significant issue.

Conversely, the issue of expectations that faculty hold a Master's degree and the difficulty in pursuing same, were cited by 16% of the HSC faculty. The faculty from the university-based program did not address this as an issue of significance.

Thirteen percent of the U of M respondents (2) cited logistical issues, such as parking, and traveling to several different teaching sites as significant. Isolated comments relating to the need for clearer lines of accountability, and lack of adequate control over the time table and over the collaboration budget were expressed. One faculty member identified the most significant issue as "acquiring a new persona with the changes."

In question number two the respondents were asked to make suggestions on how to improve the collaboration process between the institutions of nursing. The greatest consensus between the two sites was in relation to intercommunication and planning. Respondents from both groups identified that putting mechanisms in place to promote intercommunication would improve the collaboration process. Some faculty members suggested that procedures to enhance intercommunication are being addressed gradually, and it just takes time. Specific suggestions for improvement, by the faculty at the HSC, were to circulate regular updates on collaboration, and to maintain and enhance the orientation to the U of M program. The faculty from the U of M indicated that encouraging the sharing of ideas at the course level, as well as involving faculty from all sites in determining teaching assignments and workload, would enhance this process.

Furthermore, respondents indicated that a planned, progressive change to collaboration would have been "nice." The change in focus from collaboration to consolidation was suddenly thrust upon faculty and this created added confusion. Nurse educators from the HSC suggested that collaborative planning of courses, grading criteria, student discipline policies, teacher expectations, and research projects would enhance the collaborative process. In addition, the educators suggested that having faculty assignments for courses determined well ahead of time, and knowing what other educators were teaching in the same course, would improve the process. One respondent noted that definitive curriculum guidance, other than that which restricts creativity, needs to be available before starting to develop courses. Similarly, faculty members from the university-based program indicated that a process is needed to enhance "dialogue" and planning. Specific suggestions were to establish a curriculum committee that would address long standing problems and do some long range planning, as well as determine, prior to implementation, that all sites have equal resources and support services, budgets, classroom space and educational resources. Faculty from both sites recommended that development of goal and mission statements outlining future direction for faculty be completed.

Peer support was cited by two university faculty members as significant to successful collaborative efforts. Moving faculty among the affiliating programs to help junior faculty to become socialized into the professor role was suggested as a means to improve collaboration. Furthermore, one educator suggested that faculty from the HSC must begin to display a willingness to collaborate in research and scholarly writing as well as teaching. In contrast, four faculty members from the HSC made positive and supportive comments regarding the efforts of the faculty at the U of M. One educator stated that, "the support, the sharing of how things really work and the respect from the Fort Garry faculty has made the change process bearable."

Leadership was mentioned by three hospital-based respondents and three university-based respondents as significant in improving the collaboration process. Faculty from the HSC described the difficulty they had when they lost the director and the acting director of the school during the implementation of the collaborative process. One respondent noted how "wonderful it is to have a new director who listens to and supports us, and lets us know what is happening." In contrast, the respondents from the U of M suggested that strong leadership was needed. One respondent noted that a "process needs to be developed that would allow for more grassroots input and not top down directives as to how it shall be." An additional suggestion was to appoint collaborating faculty members at the HSC to "semi-administrative" positions or to chairs of committees.

Five respondents from the U of M suggested solving some of the logistical problems as a means for improving the collaboration process. Other issues were identified, such as having all of the students taught at one site, more equitable employee benefits and solving the professional association/union problems.

One respondent from the HSC suggested that a Master's degree in Nursing should be "made within reach." This could be done by allowing existing faculty into the Master's program with minimum requirements as opposed to the current competition to a 3.8 grade point average. In addition, increasing job security was mentioned by one HSC respondent as a way to improve the collaboration process between institutions of nursing. Finally, comments from one respondent at each site indicated that the process had been done well, and it just needed time to work. Table 6 provides a complete distribution of responses to the second open-ended question.

Table 6

Suggestions to improve the collaboration process

	HSC		U of M	
	Responses	Percent	Responses	Percent
Intercommunication	6	32	7	47
Planning	7	37	5	33
Peer Support	4	21	2	13
Leadership	3	16	3	20
Logistics	0	0	5	33
Time	1	5	1	7
Education Availability	1	5	0	0
Job Security	1	5	0	0

Population sample. HSC (n=19) U of M (n=15)

In question three, the respondents were instructed to make suggestions for ways to enhance their job satisfaction in the collaborative BN program. For faculty from the HSC, the predominant theme of the responses centred around work issues and time pressures. Seven of the HSC respondents identified equitable and realistic workloads, and course assignments based on clinical expertise, as enhancements to job satisfaction. In addition, six faculty members indicated that having more time to meet expectations for the job and to share survival skills would help to achieve the goal. One respondent recommended increasing resources, such as markers, and teacher assistants, to help manage time. The U of M faculty suggested that administrative staff include travel time and additional administrative duties when determining teaching workloads. One faculty member from the U of M noted that the timetable should reflect opportunities for the instructors to be in contact with students, because the current situation does not provide best use of student-teacher contact time. Another respondent suggested that all university faculty should have both an academic and a clinical base as a condition of participation in the collaborative enterprise.

The use of the facilities and resources was mentioned as a concern to the U of M faculty. Four respondents cited traveling to deliver lectures, as very time consuming. Furthermore, the educators noted that maintaining two offices leads to confusion and feelings of disconnectedness from personal resources. One respondent identified temperature control in the environment and the difficulty with parking as significant issues. Comments from the respondents at the HSC confirmed that traveling to a different site is difficult. In addition, one respondent submitted that class space at both sites is not conducive to interactive teaching with large groups. Another faculty member believed that job satisfaction would be enhanced if support staff could be more supportive.

Conversely, six respondents from the HSC indicated that an increase in job security would increase their job satisfaction. The current health care reform processes, and the decreasing enrollment of students in the nursing program, do not create secure feelings about the future. One U of M respondent indicated that job security was, indeed, a significant issue. Elaborating further, the educator stated that differences in salaries were irrelevant, but the "unlevel playing field" was relevant.

Five respondents from the U of M identified leadership issues as important for improving their level of job satisfaction. Their comments reflected a desire to be listened to by supervisors, and made to feel that their ideas have merit. Faculty from the HSC did not identify issues surrounding leadership as an impediment to job satisfaction.

Communication and planning were two issues identified by some faculty as areas for improvement. Four educators from the U of M identified the need for long term planning to determine future directions for faculty. One respondent suggested expediting this process by having retreats at Intersession to plan courses for the upcoming year. Faculty also expressed a desire to have the plan communicated in such a way that everyone could see "the big picture." Two HSC respondents concurred with the U of M faculty.

Two faculty members from the HSC suggested that addressing differences in the organizational culture of the institutions would enhance job satisfaction. One respondent noted that teachers at the HSC need to be encouraged to get involved in research, and that clinical expertise needs to be valued. Another person indicated that, "although teaching at both sites has many advantages for the collaborative enterprise, it requires time and energy to go from one culture to the other."

The issue of advanced educational preparation was identified by one respondent from the HSC. The faculty member indicated that obtaining a Masters' degree must be achieved in order to advance knowledge about research.

Respondents from both the Health Sciences Centre and the University of Manitoba made positive comments regarding their level of job satisfaction. One person from the Health Sciences Centre summed it up by simply saying that "job satisfaction is not the problem." Table 7 provides a complete distribution of the nurse educator's responses to the third open-ended question.

Table 7

Suggestions to improve job satisfaction in the collaborative BN program

	HSC		U of M	
Issues	Responses	Percent	Responses	Percent
Work Issues	7	37	2	13
Time Pressures	6	32	1	7
Facilities & Resources	2	11	5	33
Job Security	6	32	1	7
Leadership	0	0	5	33
Planning	1	5	2	13
Communication	1	5	2	13
Org. Culture	2	11	0	0
Educational Req.	1	5	0	0
Satisfied	4	21	2	13

Population sample. HSC (n=19) U of M (n=15)

Summary of Findings

In response to the first open-ended question, the most significant issue for the hospital-based faculty during transition to, or development of, a collaborative BN program was identified as job security. A few faculty members linked the need to pursue advanced education to the issue of job security. Faculty from the university-based program also identified good interpersonal relationships and more faculty involvement in "grass roots" curriculum decisions as significant. Both groups identified good communication, clear role expectations, equitable workload and equity between the institutions as important issues.

Suggestions were made to improve the collaborative process between the institutions of nursing. The central themes were related to intercommunication and planning. Respondents noted that the development of such procedures is in a state of evolution; as some participants indicated, "it just takes time to work." However, faculty would like to see an emphasis on improvement to communication networks, and further development of mechanisms that would enhance anticipatory and long range planning. In addition, the issues of peer support and good leadership were mentioned as significant by both faculty groups. The hospital-based group expressed satisfaction with the support received from peers in both institutions and with the new leadership in the department of nursing at HSC, while the university-based faculty suggested that supportive peer relationships and stronger leadership currently were needed. Moreover, the university-based faculty proposed that solving problems, such as the difficulty of teaching students at multiple locations and the inequitable employment benefits, would enhance the collaborative process.

Differences existed between the two faculty groups in relation to the suggestions made to improve job satisfaction in the new collaborative BN program. The hospital-based faculty were concerned with developing methods to handle heavy workloads, time pressures, and increasing job security. In contrast, the university-based faculty wanted the logistical problems surrounding extensive travel and maintenance of more than one office solved, and wanted to be heard by their leaders and given support and credit for their ideas.

Overall, both groups identified good communication and planning between affiliating faculty as significant to the process of collaboration. The greatest issues of concern for faculty members from the Health Sciences Centre were job security and determining ways to improve workload and time pressures. In contrast, the major concerns expressed by the University of Manitoba faculty were in relation to logistical issues, improved leadership and peer support.

CHAPTER FIVE

Discussion

The discussion of the research findings is organized in relation to the conceptual framework and literature review. The purpose of the study was to identify those issues which influence the job satisfaction of nurse educators involved in a change to a collaborative baccalaureate nursing program in the province of Manitoba. The majority of educators identified an increased level of job satisfaction following the change to a collaborative BN program. Equity between the groups was a central theme of the issues identified as concerns.

Overview of Theories

The model of job satisfaction, developed by Wallis and Cope (1980), served as a catalyst. This framework provided a conceptualization of the interrelationships between the dependent variable of job satisfaction, and the issues that influenced job satisfaction for nurse educators in the collaborative baccalaureate nursing program in Manitoba.

The findings of this study lend some support to the theoretical frameworks of Maslow (1943), Argyris (1962), Likert (1967), McGregor (1967), and Katz and Kahn (1978), but appear to refute those of Herzberg, Mausner, and Snyderman (1959) and Vroom (1964). Although these theories helped one to gain an understanding of the concept of job satisfaction, they appear too simplistic to explain this complex phenomenon.

Maslow (1943) suggested that only after lower order needs are satisfied does a person become concerned with higher order ones. Therefore, unmet needs are the source of motivation for individuals. The HSC faculty's overwhelming apprehension about job security may have reduced their concern for higher-order needs, but it did not appear to cause job dissatisfaction. In fact, many respondents from the hospital-based institution had increased job satisfaction following the change to the collaborative program. Their concern for job security appeared to be linked to the requirement that baccalaureate prepared nurse educators acquire a Master's degree. However, this concern has not motivated a large number of nurse educators to pursue higher education in order to attain a greater sense of job security. This theory does not appear to be singularly conducive to understanding the motivation of individuals in relation to job satisfaction.

The results of this study do lend some support to Argyris's (1962) personality and organization theory. He suggested that individuals desire work settings that permit them independence, variety, challenge, and self-control but, when role demands of institutions inhibit the fulfillment of these desires, dissatisfaction results. The participants in this study expressed satisfaction with the organizational climate which was perceived to foster autonomy, self-control, and involvement in the organization. This finding may offer an explanation for the general expressions of job satisfaction by both groups. Furthermore, the theories developed by Likert (1967) and McGregor (1967) also were supported by the degree of importance that faculty placed on open communication, equal participant responsibility and equal contributions of both groups.

The theoretical perspective of socialization, described by Katz and Kahn (1978), was significant. In socialization theory, individual commitment and satisfaction in an organization were a function of the clarity of shared values and role expectations between the organization and its individual participants (Cavenar et al., 1987). Faculty at both the HSC and the U of M identified the importance of organizational communication mechanisms designed to enhance clarity of shared values and role expectations. Moreover, interaction between faculty members was identified as a means for socializing the hospital-based faculty into the roles of scholar, researcher and teacher in a university setting. In order to facilitate and promote interaction and communication and, hence, equity, between individuals in the collaborating institutions, an understanding and a respect for the different organizational cultures of the two groups was imperative.

Herzberg's (1959) theory of work motivation attributes intrinsic factors to job satisfaction and extrinsic factors to job dissatisfaction. Although both groups in this study were dissatisfied with certain extrinsic factors, they were positive about the organizational climate and their jobs. Furthermore, intrinsic factors, such as work responsibility, achievement and advancement, were not identified as current problems for educators in the collaborative BN program. Herzberg's (1959) theory may lack precision when economic conditions vary or when certain unusual circumstances prevail (Hill, 1986-1987).

Similarly, the results of this study failed to support Vroom's (1964) expectancy theory of work motivation. Vroom (1964) suggested that, if the rewards obtained from work are greater than expected, the worker is motivated and satisfied. Conversely, if the rewards are less than those expected, job dissatisfaction results. The faculty did not identify the expectation of rewards as a variable influencing their job satisfaction. The university-based faculty expressed dissatisfaction with employment benefits. However, the overriding concern was related to an inequity in benefits between the groups rather than to individual expectations of rewards obtained from work.

Consequently, a conceptual perspective that combines these concepts may enhance understanding of the complex phenomenon of job satisfaction. In their conceptual framework, Wallis and Cope (1980) suggested that a person's job expectations are dynamic and may be modified in terms of what the job has to offer. In the collaborative BN program in Manitoba, the faculty's responses to issues were varied and related to the individual's interrelationship with the organizational climate and expectations of the job. Generally, faculty members from both institutions had positive perceptions of the organizational climate and a good level of job satisfaction. Those issues identified as potential dissatisfiers were consistently related to a concern for equity between faculty groups. Perceptions of equity may be enhanced through communication mechanisms designed to share values, merge strengths, and identify common goals.

Perhaps the variables associated with a positive perception of the organizational climate serve as balance functions in the promotion of feelings of job satisfaction. Brady, Kinnaird, and Freedick (1980), as cited by Moos (1986), supported this assumption in their study. They found that "employees who saw their work milieu as more oriented toward involvement, cohesion, support, autonomy and innovation showed greater job satisfaction" (p.25). When adequate balance functions exist in a work environment, discontent over a few issues may not generate overall dissatisfaction with the job.

Furthermore, individuals involved in an organizational change may expect to experience some initial dissatisfaction with their jobs. When they perceive that the organizational administration is attempting to meet the needs of faculty in both institutions, and that the situation will improve, they are less likely to be dissatisfied with their jobs. The priority that faculty placed on issues that may influence job satisfaction appeared to be dependent upon the current economic climate and the unique circumstances influencing each individual in each organization at a particular time.

Personal Characteristics

The age distribution of the nurse educators from the University of Manitoba and the Health Sciences Centre is consistent with the findings of other researchers (Acorn, 1991; Bahrawy, 1992; Barrett & Goldenberg, 1988; Christian, 1986; Donohue, 1986; Grigsby, 1991; and Grunbaum, 1988). The data from recent research studies also confirm that nurse educators are experienced, with the majority having more than 10 years of experience in nursing education (Acorn, 1991; Barrett & Goldenberg, 1988; Grigsby, 1991). An uncertain economic climate and a decreased opportunity for job mobility may be reasons why educators have remained in nursing education and are an older, more experienced group. This finding could be a cause for concern if these educators retire "en masse" from nursing education, and leave an inadequate number of experienced nurse educators in the nursing education programs. The future of the nursing profession is dependent upon the availability of qualified nurse educators.

The issue of academic preparation is significant. The majority of educators from the hospital-based program are not prepared at the Master's level, and the number of educators having Doctoral degrees was low in the university sector and non-existent in the hospital-based institution. In addition, few educators in either institution are currently working toward another degree. Possible explanations for this finding may be that: there is inadequate support for continuing education; the work pressures resulting from involvement in the development of a new program may be too demanding; the average age of faculty members, coupled with an uncertain job climate, may create a perception of futility toward further educational endeavours; and, the level of difficulty experienced by educators attempting to enrol in a graduate nursing program in Manitoba, or a Doctoral program in Canada, may be a deterrent to furthering one's education. These findings are significant in light of the current trend toward advanced educational preparation for nurses and the development of nurse faculty with the appropriate academic qualifications to prepare them to teach in undergraduate baccalaureate nursing programs. Limited opportunity exists for nurse educators, in the province of Manitoba, to advance their academic preparation. A more salient question might be whether it is desirable to have nurse educators enrolled in graduate programs that could be taught by colleagues in the same program. Therefore, leaders in the profession must make a concerted effort toward implementing graduate programs facilitating inter-provincial enrollment, and assisting educators to advance their educational qualifications.

Change

The majority of faculty found the change to a new collaborative BN program exciting and professionally valuable. The faculty had experienced a large number of major changes in the past three years, evidenced by the initial change to a collaborative BN program, then more recently the change to a consolidated program. Despite the many interpersonal challenges inherent in extensive change, the majority of nurse educators had a receptive, positive attitude toward the transformation in nursing education. Educators may have responded favourably because they believed that the change in nursing education is best for both the students and the nursing profession. Leaders may find this information useful when planning to incorporate a new set of values and method of instruction for faculty groups. The minority of educators responding negatively to the statements may have been influenced by the fear of diminished job security, and uncertainty about the future.

More university-based faculty than hospital-based faculty wanted increased involvement in the process of change. This could reflect a greater need by the university-based faculty for recognition of their ideas and contributions. The stress of coping with new concepts and the influence of role overload may be possible explanations for the lesser need for involvement on the part of the hospital-based faculty. Overall, however, agreement was evident that the process had been well managed. This finding supports the conclusions of Mueller and McCloskey (1990) and Yarcsheski and Mahon (1984) that nurse educators, involved in the change process for longer than one year, will respond with less volatility than those who are new to the change experience. Any efforts to resist change may have resulted from the stress created by changing the norms and values of the group as a consequence of the integration of two organizational climates and cultures.

Climate and Culture

A positive perception of the organizational climate may be instrumental in promoting job satisfaction of nurse faculty, according to both Donohue (1986) and Grigsby (1991). Results from the Work Environment Scale (WES) generally indicated that both the university-based and hospital-based groups had a positive perception of the organizational climate. Overall, faculty were satisfied with their work environment, which was oriented toward involvement, adequate supervisor support, autonomy, innovation, and low supervisor control.

An unexpected finding was that there was no difference between the groups in the amount of perceived autonomy that individuals had in their jobs. In consideration of Barrett's (1992) study, one might expect the university-based faculty to perceive a more autonomous climate. A possible explanation for this finding is that the leadership at the hospital-based institution had promoted individual autonomy and a cooperative milieu.

The University of Manitoba faculty's low score, reflecting a diminished level of peer cohesion on the Work Environment Scale, compared to the Health Sciences Centre faculty's high score for the subscale peer cohesion, is noteworthy. Interestingly, Barrett et al. (1992) also found that college faculty were more satisfied with their working relationships with colleagues than were the university faculty. They cite the reason for the differences as the division created by competition for tenure and promotion. An alternate explanation for this finding may be that the Health Sciences Centre faculty were having their need for information and support met by the University of Manitoba faculty. The university-based faculty's apparently unmet need in relation to supportive interpersonal relationships may be due to a lack of institutional recognition of this need and a lack of clarity regarding the appropriate source of support.

The relatively low role clarity subscale score for the hospital-based group, and the statistically significant lower score for the university-based group suggests that most faculty do not have an explicit understanding of performance expectations. Despite this finding, both groups indicated that they understood the roles expected of them. The inconsistency in findings may be explained, in part, by the comments made in the open-ended questions which reflected a desire to have clear role expectations in relation to the differing cultural orientations of the institutions, as opposed to the specific job duties. The university-based faculty wanted to improve the socialization process of the hospital-based faculty into the university setting, while the hospital-based faculty wanted their performance expectations clearly delineated, and an equitable valuing of both clinical expertise and nursing research.

Equity between the value of teaching, research, and clinical practice expertise may be a significant issue in the collaborative enterprise. Faculty from two different institutional cultures may be at cross purposes if the expertise and strengths of affiliating faculty members are not awarded comparable value. The challenge for the collaborative enterprise will be in creating and also maintaining a structure that supports the relative values of research, teaching, and clinical practice expertise. This objective may be met by the affiliating agencies arriving at a consensus about the related expectations for performance of faculty from both institutions. A reward structure acceptable to all should be determined, based on faculty expertise in any aspects of the three functions.

These issues, related to the organizational climate and culture of the institutions, should be of concern to leaders involved in the development and implementation of new collaborative BN programs. In respect of the total work environment, other factors that may contribute to the nurse educator's satisfaction or dissatisfaction also should be considered.

Job Satisfiers and Dissatisfiers

Nurse educators were apprehensive about job security, workloads, employment benefits, and power in decision-making. The concept of equity between groups was embedded within these issues. Job security was identified as a significant concern for the hospital-based faculty. Despite their expressed concerns, nurse faculty in the collaborative program were satisfied with their jobs. This finding was contrary to previous findings that nurse educators in various areas of Canada were only somewhat satisfied in their teaching positions (Barrett et al., 1992; Davis, 1980 as cited by Barrett et al., 1992). Following the implementation of a new program, one might anticipate that nurse educators, particularly from the hospital-based program, would experience increased stress and express decreased job satisfaction as a consequence of involvement in extensive change (Barker, 1990; Sullivan & Decker, 1992). Antithetic to this hypothesis, a greater percentage of respondents from the hospital-based program experienced increased job satisfaction. Perhaps the hospital-based educators were reacting to the excitement of change, opportunity for challenge, expanded roles and the potential for greater prestige.

Considering the current depressed economic climate, the identification of job security as a major issue of concern was expected. Health care reform, lack of employment for graduate nurses, declining enrolments in nursing programs, and the requirements for advanced educational preparation of faculty have made the issue of job security tenuous at best. Although the majority of hospital-based faculty responded favourably to the question regarding job satisfaction, those faculty responding negatively made specific reference to job security as the primary indicator of their discontent.

For some educators from the hospital-based program, the anxiety over job security was linked to the need to pursue higher education. The demanding workload and pressures generated by the development and implementation of a new program, and the perceived lack of support from the hospital-based administration, likely will increase the perceived magnitude of the task of upgrading academic credentials. This finding was relevant because faculty motivation to pursue higher education, in addition to learning about a new curriculum and a new model of clinical teaching, may be diminished for many who fear losing their jobs despite their actions. How much this overriding concern for job security influenced the responses to other issues is not known. However, the finding that lower order needs, such as security, must be met before higher order needs are given priority supports Maslow's (1943) theoretical framework.

Heavy workloads and time pressures were perplexing issues for the hospital-based faculty. The current expectation to learn new roles, prepare for new courses, and to become socialized into a different organizational culture added work-related demands to an already heavy workload. Although inconsistent responses were evident between the WES and part C of the questionnaire, the university-based faculty expressed comparatively less concern with workload pressures. A possible explanation for this finding is that the university-based educators were familiar with their roles, course content, and expectations for performance in the university culture. Clearly, and in accordance with Barrett et al. (1992), Janoscrat and Noll (1989), and Mobily (1992), excessive workload, with expectations to teach, conduct research and become involved in service, was one of the major stressors for nurse faculty. For both groups, the inherent danger of demanding workloads may ultimately result in a lower quality of education for student nurses. As faculty members become more overburdened with the demands of their job, mentoring and support for students many not be available when needed. This could lead to higher attrition rates as students are left to do more on their own.

Inequity in salary and employment benefits was a significant issue for the university-based faculty. This finding supports Barrett and Goldenberg (1988) who found that, "only in salary, school reputation and working relationships with colleagues were college faculty more satisfied" than university faculty (p.23). Conceivably, the interpersonal relationships between the groups may be impeded when both faculties perceive their respective roles to be commensurate with the overall objectives of the educational program, but at the same time experience inequitable compensation. The university faculty may be less satisfied with the status quo when they have equal or greater academic credentials, rank, and job responsibilities than the affiliating faculty members, but receive fewer employment rewards for their contributions. This issue may become more significant for university faculty as other nursing institutions become involved in the collaborative process. Salinas (1964), as cited by Christian (1986, p.382), indicated that "pay satisfaction results from self-other comparisons", and this hypothesis was supported by the findings in this study.

The perceived imbalance in the distribution of power in the collaborative baccalaureate nursing program could be a source of the hospital-based faculty's concerns, including their principal one for job security. The hospital-based faculty believed that they had an "equal voice" in decision-making, but they felt unequally represented on committees. This finding may imply that, although faculty believe that administration has made progressive attempts to enhance equality in decision-making, they remain under-represented on committees and, hence, under-represented in positions of power.

Considering the significant amount of change experienced by both faculties in the new collaborative baccalaureate nursing program, an unexpected finding was the number of respondents expressing satisfaction with their jobs. Surprisingly, a majority of the Health Sciences Centre faculty, although concerned with job security, expressed job satisfaction. Perhaps when one is faced with employment uncertainty, issues that once may have generated dissatisfaction decrease in priority. The concern for job security may be a source of stress, but it does not appear to be linked consistently to dissatisfaction with the job. Indeed, the degree of expressed satisfaction with the job itself may be directly linked to the concern for job loss.

Some of the extrinsic and intrinsic issues that influence job satisfaction of nurse educators in the collaborative program have been addressed in this study. Also significant were the effects of role conflict and role ambiguity.

Role Conflict and Role Ambiguity

The expectation that hospital-based faculty will become socialized into the cultural norms of the university and become proficient with new role expectations must be realized gradually (Baines, 1992; Mobily, 1991; Janoscrat & Noll, 1989). A challenge for leaders in the collaborative baccalaureate nursing program will be to help the diploma-based faculty accept and fully understand their new roles, and to set realistic goals for achievement of performance expectations. This process will be enhanced by clearly designed and articulated plans for cultural integration. In addition, the identification of employment goals and expected outcomes at the onset of employment also may help nurse faculty to decrease some of the role strain associated with taking on the role of nurse educator in a collaborative

BN program. The governance of the institutions and the influence of leadership will be pertinent to this process.

Governance and Leadership

Faculty from both institutions were satisfied with the development and implementation of the collaborative BN program. Both groups identified high levels of autonomy and satisfactory levels of involvement in decision-making, although university-based faculty would like to have had more involvement in decisions at the "grass roots" level. This finding supports Conway's (1984) hypothesis that "depending upon the organizational climate and an individual's need for control, participants appear to have varying degrees of satisfaction with participation in decision-making" (p.3). Moreover, this may provide an explanation for the response from the hospital-based faculty who indicated that they lacked equitable representation on committees, but perceived that they had an equal voice in decision-making in relation to issues of curriculum development.

The supportive leadership perceived by the hospital-based faculty may be a vital contributor to their overall expressions of job satisfaction. The university-based faculty's immediate supervisors could enhance perceptions of supportive leadership by providing more credit and acknowledgment for the contributions of educators related to curriculum issues. Consistent with the findings of Kennerly (1989) and Lancaster (1985), supportive leadership behaviours that promoted feelings of trust, respect, and recognition between the supervisor and the group were positively related to nurse faculty job satisfaction and achievement.

Summary

Based on the responses from the population sample, job satisfaction has increased for the majority of nurse educators in this study following the change from the traditional diploma and degree nursing program to a collaborative BN program. The faculty's receptive attitudes toward change, and their positive perceptions of the organizational climate may be influencing factors in the expressed level of job satisfaction. The academic preparation of the hospital-based faculty, however, and the dearth of graduate programs for this cadre of health professionals is problematic. Expectations for advanced academic preparation, coupled with the uncertainty surrounding health care reform in the current depressed economic climate, have generated concerns for job security. This concern for employment loss might have prompted educators to express satisfaction with their jobs.

Although the majority of educators expressed job satisfaction, both groups identified workload, role expectations, employment benefits, and power in decision-making as issues requiring change. The theme of equity between groups was inter-related throughout these issues.

Many problems were identified. Inequitable and heavy workloads could ultimately result in a lower quality of education as student nurses are left to do more on their own. Lack of clear performance expectations for the diploma-based faculty could impede their ability to adapt to the university setting and would exacerbate perceptions of inequities in job responsibilities between groups. A comparatively low value awarded to the strengths and expertise of affiliating faculty members diminishes perceptions of equal worth. Inequitable salary and employment benefits can generate interpersonal conflicts when compensation is not awarded fairly for equal or greater contributions. An imbalance in committee representation might impede decision-making and further increase the hospital-based faculty's concern about job security.

In addition, a lack of cohesive peer and leadership relationships among university-based faculty could decrease job satisfaction for this group. Improving communication between the two groups is one way of facilitating respect and increasing the perceptions of equity between affiliating faculty members in the collaborative BN program.

Nursing education is currently at a critical stage of development. The continued success of collaborative BN programs is dependent upon the dedication and commitment of nurse educators. Satisfied and cohesive faculty groups are important to the future professional development of nurses. Therefore, measures must be implemented to address the concerns of nurse educators involved in the collaborative process if the goals of the profession are to be realized.

CHAPTER SIX

Conclusions and Recommendations

In this final chapter, conclusions about the study are presented. They are followed by implications and recommendations for nursing education.

Conclusions

The results of this study support the observations of Mauksch (1982) and Barrett et al. (1992) that the multidimensional aspects of the educator role are neither simple nor easily understood. The framework developed by Wallis and Cope (1980) provided a conceptualization of the issues influencing the job satisfaction of nurse educators in the collaborative BN program. Job expectations of faculty appear to be dynamic and related to the individual's interrelationship with the organizational climate, and also the unique circumstances of each faculty member within each organization. The current depressed economic climate and the uncertainty surrounding health care reform have caused educators to be concerned with job security. How much the changing political, economic, and organizational climates will affect nurse educators is not known.

The faculties' receptive attitudes toward the change in nursing education, and their positive perceptions of the organizational climate, may contribute to the identified increased level of job satisfaction among nurse educators. Sustaining an organizational climate which fosters autonomy, self-control, and involvement in the organization can promote job satisfaction for current and future collaborating nurse educators.

The profession's vision of the expanded role for nurses will continue as idle rhetoric unless future practitioners are academically qualified. A key component in this educational process will be the successful implementation of collaborative BN programs. In turn, the success of these programs will be dependent upon the skill, dedication, and job satisfaction of nurse educators involved in the process. Therefore, immediate attention should be directed towards resolving concerns of nurse educators in order to enhance the successful co-existence of university-based and hospital-based faculty in degree programs. The harmonious integration of faculty members from different organizational cultures can serve to advance the goals of the nursing profession beyond the year 2000.

Implications for Nursing Education

Several implications for nursing education arise from the findings of this investigation. The recommendations also may be of practical importance to leaders responsible for the management of change in the development of future collaborative BN programs.

A threat to the harmonious integration of the two cultures exists; it is the issue of equity. Inequities were identified in relation to workload, employment benefits, positions of power, and role expectations.

Perceived workload inequity between faculty groups could be improved in a number of ways. Leaders in the collaborative program should review the current responsibilities of individual faculty members in relation to clinical instruction, teaching, research, service, and administrative functions. Determination of work-related duties, based on the expertise and career stage of each faculty member, should be reached collaboratively and job responsibilities should be designated accordingly. Involvement of the hospital-based faculty in scholarly activity can only be achieved gradually, with realistic and defined expectations for performance. The many hours of theoretical and clinical instruction demanded by the diploma-based program must be reconciled with the requirement of the university for research and publication. In addition, the university-based faculty's travel requirements and administrative duties must be considered when designating work-related responsibilities. Equitable workloads and distribution of work-related duties could ultimately increase the quality of education for student nurses. Mentoring and support for students could be available when needed if nurse educators are not overburdened by tremendous workloads. Clearly defined work expectations also might assist current and future collaborating faculty members to have more focus and direction in their work lives, and also could enhance perceptions of equity through a greater understanding of respective duties and performance expectations.

Inequitable employment benefits between the institutions may become a greater source of discontent if measures are not taken to correct the disparities. Dissatisfaction with the status quo could escalate further if faculty with more educational preparation and responsibilities are not awarded benefits at least commensurate with those granted to individuals with similar or less educational preparation and responsibilities. Efforts should be directed toward the resolution of remuneration conflicts in order to achieve equity between affiliating institutions. When continual self-other comparisons are made, the imbalance in this extrinsic factor can cause problems with interpersonal relationships.

Inequitable representation on committees also creates a perceived imbalance in power. Leaders must ensure that opportunities are provided for the hospital-based faculty to chair and to have balanced representation on committees. Equitable power in decision-making would increase the perception of equity for all faculty in the collaborative program.

A planned process for the socialization of the hospital-based faculty into the university culture would accelerate the perception of equity between groups. The current orientation program to the U of M should be maintained and augmented to include an orientation and a designated mentorship program to help colleagues in recognizing their abilities and setting realistic goals, and also to reward the university-based faculty for their contributions. Collaboration among colleagues having similar research interests and clinical practice experience also may provide greater opportunity for faculty to meet the required joint role expectations in the university setting. In addition, ongoing faculty development programs should be initiated to help new faculty in gradually assuming the expected role requirements of the university. A clearly articulated plan for the socialization of the new hospital-based faculty into the university culture will help to ease the transition, prepare new faculty to collaborate in research and scholarly writing as well as in teaching, and to enhance perceptions of inter-group equity.

Improved communication between faculty groups will foster perceptions of equity. Intercommunication could be accomplished by establishing joint meetings to plan courses, develop policies and procedures, assign workload and teaching responsibilities, and to identify research projects. Developing communication networks through the creation of special ad hoc committees would allow both groups to participate in long range planning and to address ongoing problems. Involving all faculty in retreats at Intersession could be an effective means of promoting joint planning of courses for the following year. The use of electronic communication technology also should be encouraged to provide faculty with pertinent information and updates on collaboration. Educators could expand the use of this technology by forming collaborative educator interest groups across Canada to discuss pertinent issues and to promote the development of a strong professional network. Enhanced communication could foster understanding and respect between groups, thereby encouraging sharing of information and expertise, and promoting consolidation of values.

The perceived lack of peer support by the university-based faculty must be addressed. Discussion groups could be formed to address the causative factors which might include the division by competition, or the loss of identity with the employing institution caused by the extensive travel to other agencies. Supportive interpersonal relationships among faculty members may be significant in influencing job satisfaction and also may serve as a balancing variable for other issues that may cause job dissatisfaction.

Increased academic preparation for faculty is a significant factor in most nurse educators' lives. The pressing need to enrol in graduate programs in order to increase job security has created stress for nurse educators. Little can be done to guarantee job security in the current depressed economic climate and the uncertainty surrounding health care reform. However, concerted effort is needed to improve the educational opportunities for nursing faculty so that they can conform with professional requirements and prepare themselves to teach in an undergraduate baccalaureate program. Consequently, political and post-secondary education leaders must direct attention and action towards increasing the availability of graduate programs for this cadre of health professionals. Nurse educators cannot enrol in Master's and Doctoral programs which do not exist.

If the integration of diploma-based and university-based faculty is to become a future trend, the identified concerns of educators must be addressed. Nursing faculty must not become disillusioned with their new roles and lower their expectations for implementing quality education. The future vision for nursing and the ideals of educators must not be compromised. The challenge for nursing leaders is to sustain an organizational culture that will facilitate collaborative decision-making, promote equity, recognize individual contributions, and merge institutional strengths.

Recommendations

Based on the results of this study, the following recommendations are made to assist leaders with the management of change in the maintenance and development of collaborative BN programs.

Recommendations for nursing leaders are that they:

1. Implement measures to enhance the sharing of ideas and the transmission of accurate information between institutions in order to foster understanding and respect between groups and to promote consolidation of values.
2. Initiate ongoing mentorship and faculty development programs to help new faculty in assuming the expected role requirements of the university and to assist them in functioning as equal members of academe.
3. Review the work-related responsibilities for individual faculty members, and equitably allocate job responsibilities according to expertise and career stage.
4. Enable the hospital-based faculty to have balanced representation on committees and in positions of power.
5. Resolve the inequitable employment benefits between the collaborating institutions.
6. Strengthen collaborative program leadership and peer support for the university-based faculty.

The recommendation for political and post-secondary leaders is to:

7. Improve the educational opportunities for nursing faculty, thereby enabling them to meet the professional academic requirements, by establishing or expanding Canadian graduate programs in nursing.

The recommendation for health and education researchers is to:

8. Replicate this study with a random sample of nurse educators involved in all of the collaborative BN programs in Canada to determine whether characteristics found in this study are unique to this population, or are part of a national trend.

With the implementation of these recommendations, collaborative nursing programs will thrive and the public will be the ultimate beneficiaries.

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Appendix A

University of Manitoba
Ethics Approval

Faculty of Education
ETHICS APPROVAL FORM

To be completed by the applicant:

Title of Study:

JOB SATISFACTION OF NURSE EDUCATORS IN A COLLABORATIVE BACCALAUREATE NURSING PROGRAM IN WESTERN CANADA

Name of Principal Investigator(s) (**please print**):

BEVERLEY G. BERRY

Name of Thesis/Dissertation Advisor or Course Instructor (if Principal Investigator is a student) (please print):

DR. J STALKER

I/We, the undersigned, agree to abide by the University of Manitoba's ethical standards and guidelines for research involving human subjects, and agree to carry out the study named above as described in the Ethics Review Application.

Beverley Berry

J. Stalker
Signature of Thesis/Dissertation Advisor or Course Instructor (if required)

Signature(s) of Principal Investigator(s)

To be completed by the Research and Ethics Committee:

This is to certify that the Faculty of Education Research and Ethics Committee has reviewed the proposed study named above and has concluded that it conforms with the University of Manitoba's ethical standards and guidelines for research involving human subjects.

S.B. STRAW
UNIVERSITY OF MANITOBA
Name of Research and Ethics Committee Chairperson

Sept 01/93
Date

Signature of Research and Ethics Committee Chairperson

BEST COPY AVAILABLE

Appendix B

Health Sciences Centre

Approval For Research

Health
Sciences
Centre

820 SHERBROOK ST
WINNIPEG, MANITOBA R3A 1R9
DIAL DIRECT (204) -

OFFICE OF THE DIRECTOR OF RESEARCH

October 1, 1993

Ms. Beverley Berry
Graduate Student - Higher Education
University of Manitoba

Dear Ms. Berry:

RE: Job Satisfaction of Nurse Educators in A Collaborative Baccalaureate Nursing Program in Western Canada.

ETHICS #: University of Manitoba Faculty of Education Approval

Your above-named protocol **has been evaluated and approved** by the H.S.C. Research Impact Committee.

My sincere best wishes for much success in your study.

Sincerely,

Luis Oppenheimer, MD, FRCS
Director of Reseach
Health Sciences Centre

cc: Supervisor, Ancillary Accounts
Finance Division
791 Notre Dame Avenue

LO/lls

Appendix C

Permission Letter

September, 1993

Dear (name of individual):

I am a nurse educator and a graduate student at the University of Manitoba. I am in the process of completing the thesis as a requirement of the Master's Degree in Higher Education. The purpose of my thesis is to identify factors that influence the job satisfaction of nurse educators involved in a collaborative nursing baccalaureate program in Manitoba.

I am writing this letter to request permission to attend a faculty meeting in order to explain the purpose of my research to the potential target group for my study, and to solicit participants. If you can arrange a time convenient to you and your faculty, when I may talk to the faculty for approximately 10 minutes, it will be greatly appreciated.

I will call you in the near future to discuss the possibility of my attending a faculty meeting.

Thank you in advance for your consideration of my request.

Sincerely,

Beverley Berry

Appendix D

Cover Letter

October, 1993

Dear colleague:

I am a nurse educator and a graduate student in higher education at the University of Manitoba. The purpose of my research is to identify factors that influence the job satisfaction of nurse educators involved in a collaborative (consolidated) nursing baccalaureate program in Manitoba. If you are a full time or part time nurse educator teaching in any aspect of the collaborative program between the University of Manitoba and the Health Sciences Centre, you are a member of the target group for this study. I would appreciate your help with this by completing the enclosed questionnaire. Your decision to complete the questionnaire is voluntary and you may choose not to do so without adverse consequences to you.

I have chosen to study this topic because I believe that the success of the current collaborative nursing programs will affect the future of other collaborative ventures, and influence the overall preparation of nurses. Nurse educators are at the heart of this process. The degree of satisfaction or dissatisfaction you have in your job will impact on the ultimate success of future joint ventures. Therefore, I hope you will be able to take approximately 25 minutes to complete the questionnaire and return the form in the stamped, self-addressed envelope by November 5, 1993.

The information you provide is confidential and your anonymity will be maintained. Your name and address are not requested and there are no codes.

When the study is finished, results will be made available to you. Please feel free to forward questions or concerns to me at 885-5360.

Thank you in advance for your consideration of, and support for, my request. Your assistance is greatly appreciated.

Sincerely,

Beverley Berry

Appendix E

Survey Questionnaire

FACTORS THAT INFLUENCE JOB SATISFACTION

SURVEY

Instructions

This questionnaire is designed to identify factors that influence job satisfaction of nurse educators involved in a change to a collaborative baccalaureate nursing program in Manitoba. All information you provide is confidential and your anonymity will be maintained.

1. This survey consists of three parts:

   Part A. Identification of specific individual characteristics.

   Part B Response of either true or false to a 90 item questionnaire, developed by R. Moos and P. Insel, regarding job satisfaction.

   Part C. Response to specific statements that may influence your job satisfaction.

2. The anticipated time for completion of the questionnaire is approximately 25 minutes.

3. To answer each question, please follow the directions provided at the beginning of each part of the questionnaire.

4. As you complete the questionnaire, please use the following definitions:

Change: The design and construction of new patterns, or the reconceptualization of old ones, to make new and hopefully more productive actions possible (Barker, 1990, p.61).

Collaboration: The process by which nurse educators and others in universities, community colleges, diploma schools of nursing, and service agencies jointly develop, implement, and evaluate educational programs, methods, and models (MARN, 1987). For the purposes of this study the terms collaborative and consolidated will be used interchangeably.

Collaborative Baccalaureate Nursing Programs: New nursing education degree programs developed via collaboration between existing diploma and degree programs.

Diploma-Granting Nursing Programs: Current nursing education programs offered in colleges and schools of nursing in Canada, awarding a diploma as the entry requirement to practice nursing.

Generic Baccalaureate Program: A basic nursing degree program from which students obtain their initial qualification.

Job Satisfaction: The fulfilment an individual acquires from experiencing various job activities and rewards (Donohue, 1986, p.374)

Nurse Educators: The term used to describe professional nurses teaching at university, and diploma-granting schools of nursing. For the purpose of this study, no distinction is made between educators with faculty status and those without faculty status.

PART A

CONFIDENTIAL

Please provide the information requested by placing an (x) by the number corresponding to the appropriate item, or filling in the blank. If you are unable to respond to a question, omit it and continue on.

Work History

1. (Respond to A. or B.) Your present teaching position?

A. University-based institution

1) _____ Full/Associate professor
2) _____ Assistant professor
3) _____ Lecturer
4) _____ Instructor/Teacher
5) _____ Other Please specify ____________________

B. Hospital-based institution

1) _____ Lecturer
2) _____ Instructor/Teacher
3) _____ Other Please specify ____________________

2. Your employment status?

1) ______ Full time
2) ______ Part time

3. Your current teaching responsibilities?

1) _____ Theoretical instruction and clinical practice instruction
2) _____ Theoretical instruction only
3) _____ Clinical practice instruction only

4. Your years of experience in nursing education?

1) _____ Less than 1 year

2) _____ 1 to 3 years inclusive

3) _____ 4 to 6 years inclusive

4) _____ 7 to 10 years inclusive

5) _____ 11 to 20 years inclusive

6) _____ more than 20 years

5. Your total number of years of experience in nursing education teaching in:

1) Hospital-based school of nursing. Specify ___________

2) Community College-based school of nursing. Specify _______

3) University-based school of nursing. Specify _________

4) Collaborative baccalaureate nursing program. Specify ________

6. Years of experience in nursing (other than in nursing education):

1) _____ less than 2 years

2) _____ 2 to 5 years inclusive

3) _____ 6 to 10 years inclusive

4) _____ more than 11 years

Specify area(s) of experience ____

Academic Background

7. What is your highest educational preparation?

1) _____ Baccalaureate degree in nursing

2) _____ Baccalaureate degree in another discipline.

Specify_______________________ (continued next page)

3) _____ Master's degree in nursing

4) _____ Master's degree in another discipline

Specify________________________

5) _____ Doctoral degree in nursing

6) _____ Doctoral degree in another discipline

Specify________________________

8. Are you currently working toward another degree?

1) _____ No (go to question # 10)

2) _____ Yes (go to question # 9)

9. Area of study

1) _____ Working on a Master's degree in nursing

2) _____ Working on a Master's degree in another discipline

Specify________________________

3) _____ Working on a Doctoral degree in nursing

4) _____ Working on a Doctoral degree in another discipline

Specify________________________

5) _____ Other Please specify ______________________________

10. Your age?

1) _____ 21 to 30

2) _____ 31 to 40

3) _____ 41 to 50

4) _____ 51 t0 60

5) _____ over 61 years

PART B

WORK ENVIRONMENT SCALE

This part of the questionnaire contains 90 statements about the place in which you work. The statements are intended to apply to all work environments. However, some words may not be suitable for your work environment. For example, the term supervisor is meant to refer to Dean or Director of Nursing Education, and the term work refers to classroom activities and clinical practice.

You are to decide which statements are true of your work environment and which are false. Make all of your marks on the separate answer sheet provided.

If you think that the statement is true or mostly true of your work environment, make an X in the box labelled T (true).

If you think that the statement is false or mostly false for your work environment, make an X in the box labelled F (false).

For example:

1. I enjoy fishing in the summer
2. I enjoy camping in the winter
3. I enjoy raking leaves in the fall
4. I enjoy golf in the spring

	-1-	-2-	-3-	-4-	-5-	-6-	-7-
T	X			X			
F		X	X				

1. The work is really challenging.
2. People go out of their way to help a new employee feel comfortable.
3. Supervisors tend to talk down to employees.
4. Few employees have any important responsibilities.
5. People pay a lot of attention to getting work done.
6. There is constant pressure to keep working.
7. Things are sometimes pretty disorganized.
8. There's a strict emphasis on following policies and regulations.
9. Doing things in a different way is valued.
10. It sometimes gets too hot.
11. There's not much group spirit.
12. The atmosphere is somewhat impersonal.
13. Supervisors usually compliment an employee who does something well.
14. Employees have a great deal of freedom to do as they like.
15. There's a lot of time wasted because of inefficiencies.
16. There always seems to be an urgency about everything.
17. Activities are well-planned.
18. People can wear wild looking clothing while on the job if they want.
19. New and different ideas are always being tried out.

20. The lighting is extremely good.
21. A lot of people seem to be just putting in time.
22. People take a personal interest in each other.
23. Supervisors tend to discourage criticisms from employees.
24. Employees are encouraged to make their own decisions.
25. Things rarely get "put off till tomorrow."
26. People cannot afford to relax.
27. Rules and regulations are somewhat vague and ambiguous.
28. People are expected to follow set rules in doing their work.
29. This place would be one of the first to try out a new idea.
30. Work space is awfully crowded.
31. People seem to take pride in the organization.
32. Employees rarely do things together after work.
33. Supervisors usually give full credit to ideas contributed by employees.
34. People can use their own initiative to do things.
35. This is a highly efficient, work-oriented place.
36. Nobody works too hard.
37. The responsibilities of supervisors are clearly defined.
38. Supervisors keep a rather close watch on employees.
39. Variety and change are not particularly important.
40. This place has a stylish and modern appearance.
41. People put quite a lot of effort into what they do.
42. People are generally frank about how they feel.
43. Supervisors often criticize employees over minor things.
44. Supervisors encourage employees to rely on themselves when a problem arises.
45. Getting a lot of work done is important to people.
46. There is no time pressure.
47. The details of assigned jobs are generally explained to employees.
48. Rules and regulations are pretty well enforced.
49. The same methods have been used for quite a long time.
50. The place could stand some new interior decorations.
51. Few people ever volunteer.
52. Employees often eat lunch together.
53. Employees generally feel free to ask for a raise.
54. Employees generally do not try to be unique and different.
55. There's an emphasis on "work before play."
56. It is very hard to keep up with your work load.
57. Employees are often confused about exactly what they are supposed to do.
58. Supervisors are always checking on employees and supervise them very closely.
59. New approaches to things are rarely tried.
60. The colors and decorations make the place warm and cheerful to work in.
61. It is quite a lively place.
62. Employees who differ greatly from the others in the organization don't get on well.
63. Supervisors expect far too much from employees.
64. Employees are encouraged to learn things even if they are not directly related to the job.
65. Employees work very hard.
66. You can take it easy and still get your work done.
67. Fringe benefits are fully explained to employees.
68. Supervisors do not often give in to employee pressure.
69. Things tend to stay just about the same.
70. It is rather drafty at times.
71. It's hard to get people to do any extra work.
72. Employees often talk to each other about their personal problems.
73. Employees discuss their personal problems with supervisors.

74. Employees function fairly independently of supervisors.

75. People seem to be quite inefficient.

76. There are always deadlines to be met.

77. Rules and policies are constantly changing.

78. Employees are expected to conform rather strictly to the rules and customs.

79. There is a fresh, novel atmosphere about the place.

80. The furniture is usually well-arranged

81. The work is usually very interesting.

82. Often people make trouble by talking behind others' backs.

83. Supervisors really stand up for their people.

84. Supervisors meet with employees regularly to discuss their future work goals.

85. There's a tendency for people to come to work late.

86. People often have to work overtime to get their work done.

87. Supervisors encourage employees to be neat and orderly.

88. If an employee comes in late, he can make it up by staying late.

89. Things always seem to be changing.

90. The rooms are well ventilated.

START
HERE

T F	1	2	3	4	5	6	7	8	9	10	T F
T F	11	12	13	14	15	16	17	18	19	20	T F
T F	21	22	23	24	25	26	27	28	29	30	T F
T F	31	32	33	34	35	36	37	38	39	40	T F
T F	41	42	43	44	45	46	47	48	49	50	T F
T F	51	52	53	54	55	56	57	58	59	60	T F
T F	61	62	63	64	65	66	67	68	69	70	T F
T F	71	72	73	74	75	76	77	78	79	80	T F
T F	81	82	83	84	85	86	87	88	89	90	T F

do not mark below this line

	I	PC	SS	A	TO	WP	C	Ctl	Inn	Com
R/S										
S/S										

PART C

Instructions: Please complete the next part of the questionnaire by circling the number indicating your response to each of the following statements. Space has been allowed at the end for additional comments. The following code will indicate your response to the statements:

1=strongly disagree; 2=disagree; 3=agree; 4=strongly agree; 9=no opinion

Personal Issues

1.) 1 2 3 4 9 I found the change to a collaborative BN program exciting.

2.) 1 2 3 4 9 I found the change to a new curriculum professionally valuable.

3.) 1 2 3 4 9 I have been adequately involved in the change process.

4.) 1 2 3 4 9 The change to a new collaborative BN program has increased my overall job satisfaction.

5.) 1 2 3 4 9 I feel a sense of job security.

6.) 1 2 3 4 9 My workload is reasonable (ie: # of student contact hours, time for scholarly activities).

To what extent do you agree or disagree with each of the following statements?

1=strongly disagree; 2=disagree; 3=agree; 4=strongly agree; 9=no opinion

7.) 1 2 3 4 9 I have a good working relationship with faculty at Health Sciences Centre and the University of Manitoba.

8.) 1 2 3 4 9 I have a clear understanding of the roles expected of me.

9.) 1 2 3 4 9 I am given adequate encouragement toward furthering my education.

Curriculum Issues

10.) 1 2 3 4 9 There is consistency in curriculum content between the University and the Health Sciences Centre.

11.) 1 2 3 4 9 There is opportunity to incorporate the uniqueness of the institution in the delivery of the program.

12.) 1 2 3 4 9 Faculty from both programs have an equal voice in decisions regarding curriculum development.

13.) 1 2 3 4 9 The education of nursing students is enhanced through this process of collaboration.

To what extent do you agree or disagree with each of the following statements?

1=strongly disagree; 2=disagree; 3=agree; 4=strongly agree; 9=no opinion

Administrative Issues

14.) 1 2 3 4 9 Faculty administration at Health Sciences Centre has supported nurse educators in the change process.

15.) 1 2 3 4 9 Faculty administration at the University of Manitoba has supported nurse educators in the change process.

16.) 1 2 3 4 9 Faculty at Health Sciences Centre are kept well informed about program-related issues.

17). 1 2 3 4 9 Faculty at the University of Manitoba are kept well informed about program-related issues.

18.) 1 2 3 4 9 Both institutions are represented equally on committees.

19.) 1 2 3 4 9 Employment benefits available to faculty are equitable in both institutions.

20.) 1 2 3 4 9 The process used to hire faculty for teaching positions is fair.

21). What do you consider the most significant issue(s) to faculty members during the transition to/development of a collaborative BN program?

22.) What suggestions could you make that may improve the collaboration process between institutions of nursing?

23). What suggestions would you make to improve your job satisfaction in the collaborative BN program?

Appendix F

Pilot Study Questionnaire

September 17, 1993

Dear colleague;

Thank you very much for agreeing to participate in the pilot of my research study questionnaire. I am very grateful to you for taking the time from your busy schedule to participate in this pilot. I realize that September is a very busy time for nurse educators, and the amount of work involved with the implementation of a new program must be very demanding. Accordingly, I would be very grateful if you would assist me by completing the enclosed three part questionnaire. Following completion of the three part questionnaire I would appreciate it if you would complete the following seven questions. If necessary, revisions to the questionnaire will be made based on your responses.

Thank you in advance for your support and assistance in this matter.

Please consider the following questions:

1. What was the length of time required to complete the questionnaire?

2. Were there any ambiguous items? If so, what were they?

3. Were there any items that you could not adequately respond to? If so, what were they?

4. Was the questionnaire designed in a sequential and logical format. If not, how could it be improved?

5. Were the instructions clear? If not, how could they be improved?

6. Were expectations of you made clear? If not, what did you find unclear?

7. Please add any further comments that you think might be helpful.

Thank you once again for your assistance with the pilot questionnaire. Your contribution is most appreciated.

Sincerely,

Beverley Berry

Appendix G

Follow-up Letter

Hello again,

You will recall having received a questionnaire regarding factors that influence job satisfaction of nurse educators involved in a collaborative baccalaureate nursing program in Manitoba. Your input is essential for this study and will enhance the value of the findings. If you have not already completed the questionnaire, this is a reminder to put the sealed envelope containing the completed questionnaire in the designated area in your department by November 12, 1993.

Thank you once again for your assistance.

Sincerely,

Beverley Berry

Appendix H

Personal Issues

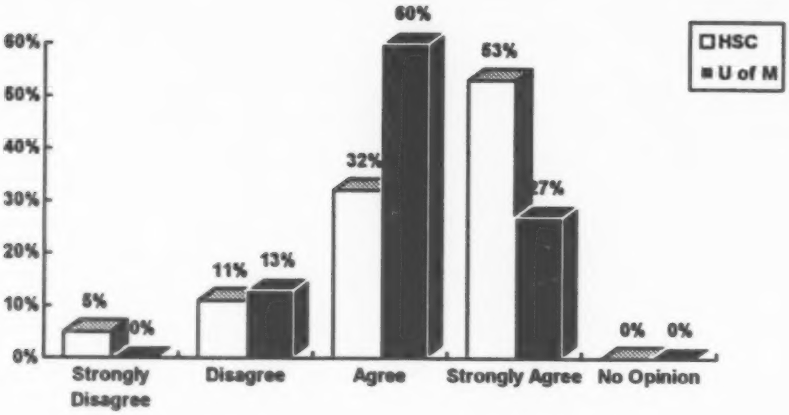

Figure 5. Respondents found change exciting

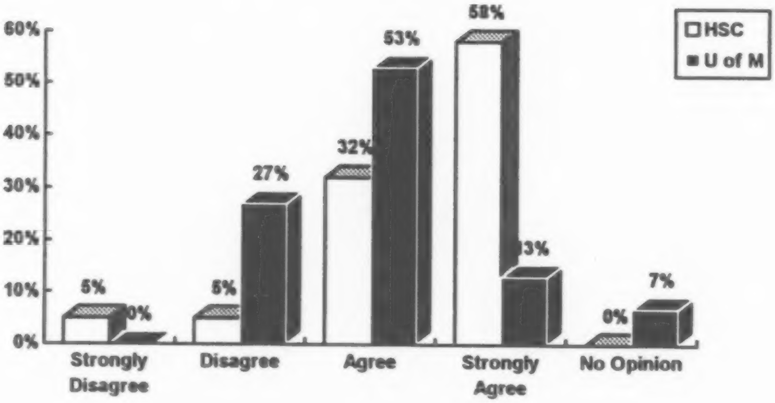

Figure 6. Respondents found change professionally valuable

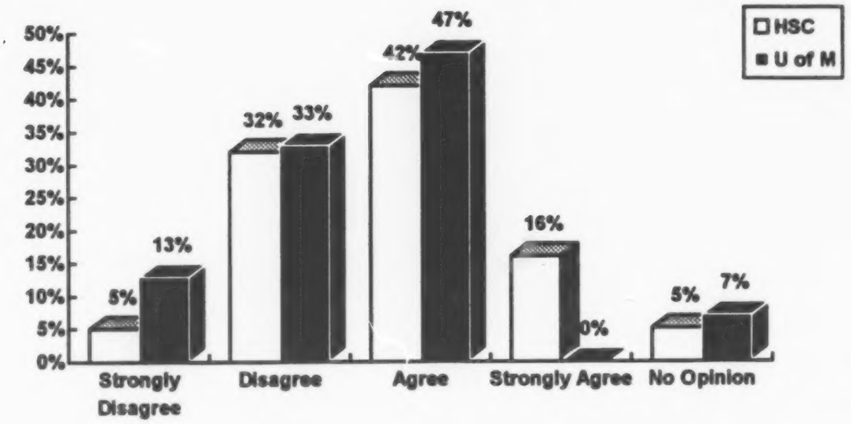

Figure 7. Respondents adequately involved in the change process

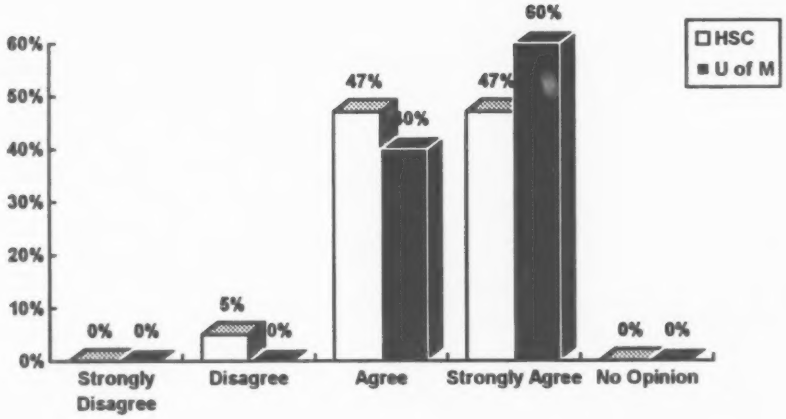

Figure 12. Good working relationships with both groups

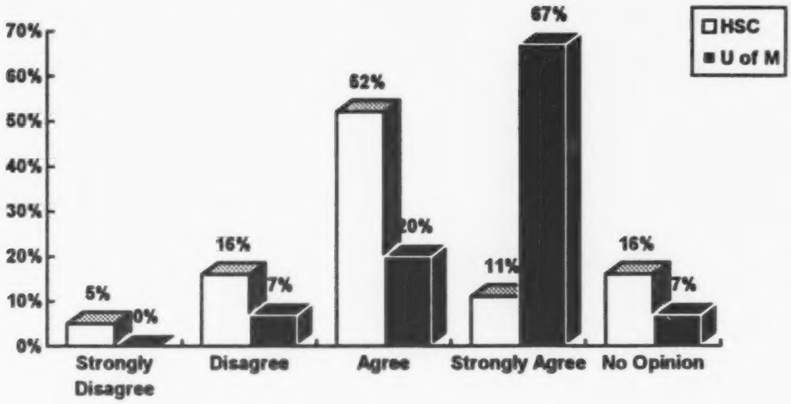

Figure 13. Adequate support provided for further education

Appendix I

Curriculum Issues

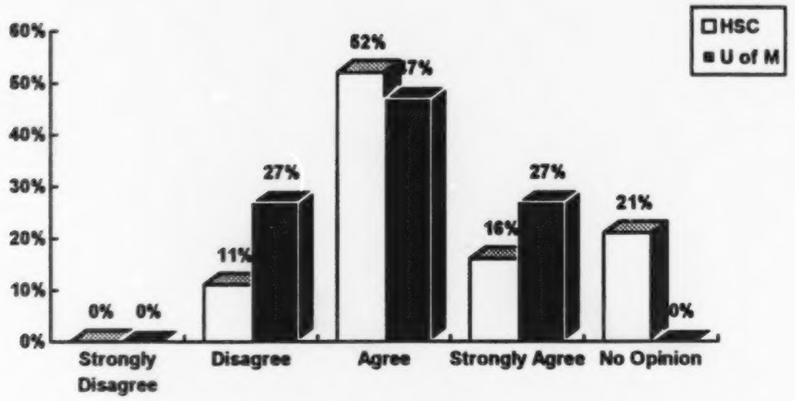

Figure 14. Consistency in curriculum content

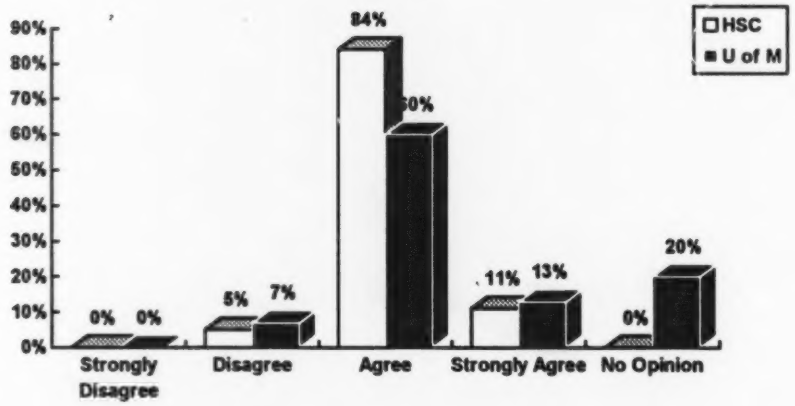

Figure 15. Uniqueness of institution incorporated in delivery of the program

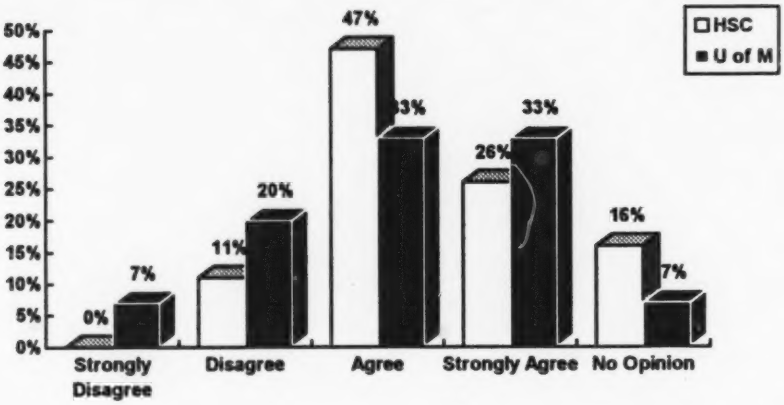

Figure 17. Education of student nurses enhanced

Appendix J

Administrative Issues

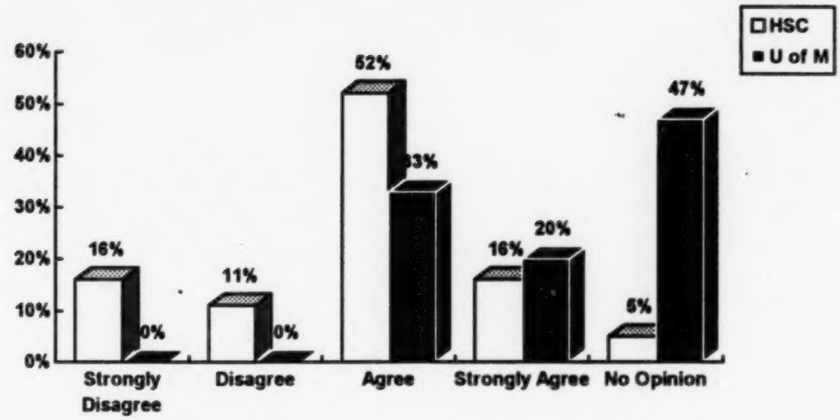

Figure 18. Administration support for HSC faculty in change process

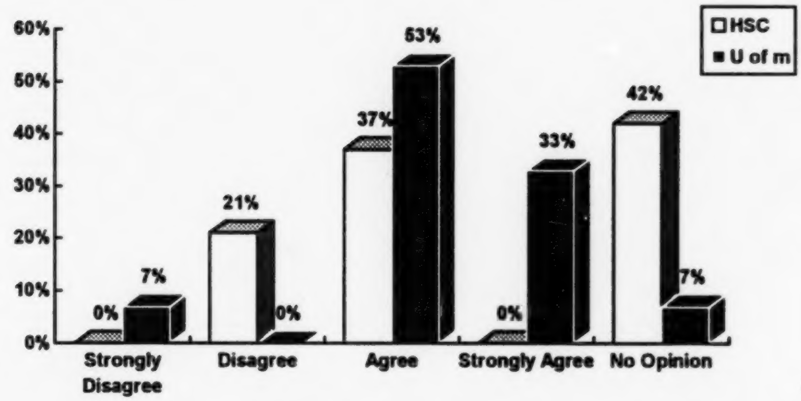

Figure 19. Administration support for U of M faculty in change process

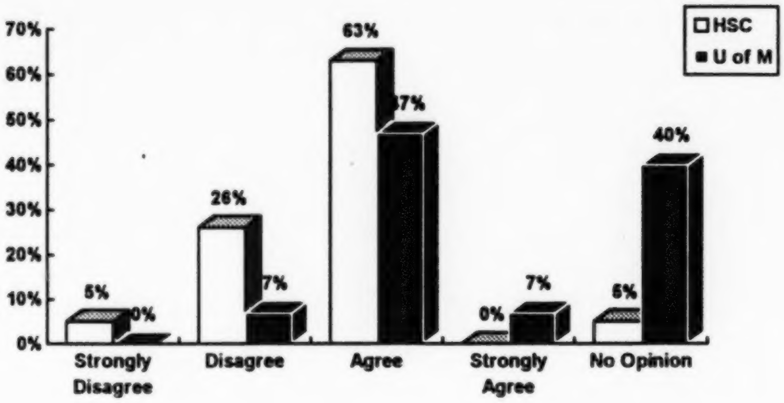

Figure 20. HSC faculty well informed

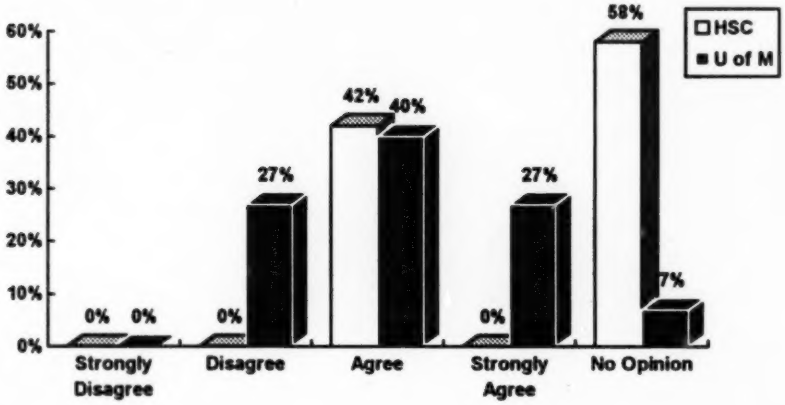

Figure 21. U of M faculty well informed

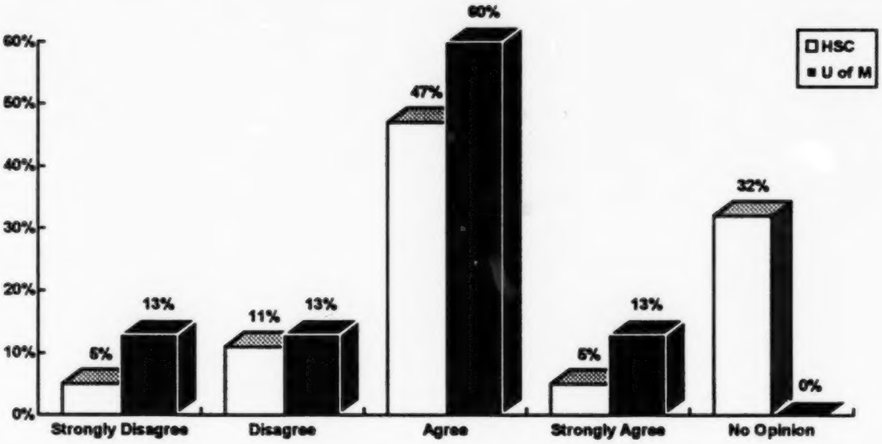

Figure 24. Fair process used to hire faculty

Appendix K

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"Model of Individual Job Satisfaction", from Wallis, D & Cope, D. (1980). Pay off conditions for organizational change in the hospital service. In: K. Duncan, M. Gruneberg, & D. Wallis (eds.), Changes in Working life (pp.449-480), ~~New York~~: John Wiley and Sons.

The model is illustrated on page 472 of the book.

The reason for the request is that I am currently working on completing my thesis for the Master's Degree in Education. I am studying Job Satisfaction of Nurse Educators and I have incorporated the conceptual framework of Wallis and Cope. Consequently, I would like to include a copy of the Model in my thesis.

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